

Jamestown Soccer Club

Camp Registration Form

(Please complete all fields and bring along to 1st session on August 8th along with payment of \$50)

Name:.....

DOB:.....

Age:.....

Team:.....

Level of Play:.....

Parents Name:.....

Contact #:.....

Email Address:.....

Liability waiver

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above. By signing below, I assume any risk of harm or injury which might occur to my child due to their participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity. If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Parents Name:..... Date:..... Signature:.....