

**PATRIOT SOCCER CAMP  
Registration Form - Summer 2011**

Name 1 \_\_\_\_\_ Age \_\_\_\_\_

Name 2 \_\_\_\_\_ Age \_\_\_\_\_

Name 3 \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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Session(s) your child(ren) will be attending:

_____ Session #1	June 20-24	Full-Day \$175	_____ Session #1	June 20-24	Half-Day \$110
_____ Session #2	July 11-15	Full-Day \$175	_____ Session #2	July 11-15	Half-Day \$110
_____ Session #3	August 1-5	Full-Day \$175	_____ Session #3	August 1-5	Half-Day \$110
_____ All Three Sessions		Full-Day \$500	_____ All Three Sessions		Half-Day \$300

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**Parent or Guardian Consent Form**

In case of injury to my child, I/We likewise waive the right to the extent not covered by liability insurance, and claim against persons working in this camp. I/We likewise hereby authorize any medical treatment, which the directors of the camp deem necessary in any emergency situation. The camper is covered by insurance. I/We believe our child is physically fit to participate in this camp.

Please list below any medical conditions or medications the camper may have or need.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_

When we receive your registration and payment, we will send you a confirmation letter, which will include more information. This letter will serve as your receipt.