



ELITE SUMMER CAMP REGISTRATION FORM

PARTICIPANT INFORMATION:

PARTICIPANT NAME (FIRST AND LAST): _____ FEMALE MALE
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PARTICIPANT DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____
PARENT/GUARDIAN(S) NAME: _____ EMAIL: _____
CELL PHONE: _____ HOME PHONE: _____ WORK PHONE: _____

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PROGRAM REGISTRATION DETAILS (PLEASE MARK YOUR PREFERRED DAYS OFF ATTENDANCE):

- JUNE 26 - 30, 2017** **ELITE SUMMER CAMP** **9:00 - 5:00 PM** \$375.00 per camper
- JULY 24 - 28, 2017** **ELITE SUMMER CAMP** **9:00 - 5:00 PM** \$375.00 per camper
- EARLY DROP OFF - LATE PICK UP SUPPLEMENT** **8:30 - 5:30 PM** \$25.00 per camper
- EARLY BIRD DISCOUNT - MUST REGISTER by Friday, May 5, 2017** **\$50.00** off per camper

EMERGENCY CONTACT: In the event the parents/guardians cannot be reached, the program will call the people listed below. People listed should be individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; or 3) give advice about caring for your child.

Name (Emergency Contact): _____ Home: _____
Work: _____ Cell: _____

INSURANCE DETAILS:

DOES YOUR FAMILY CARRY MEDICAL INSURANCE? YES NO
IF YES, WHAT IS YOUR INSURANCE CARRIER? _____
POLICY NUMBER: _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____

This information will help us provide the best care for your child during the program and will help in the event of an emergency. Please provide accurate and thorough information.

- ASTHMA - DOES YOUR CHILD CARRY AN INHALER? YES NO
- ADD/ADHD HEART DEFECT/DISEASE DIABETES HYPERTENSION EPILEPSY OTHER _____
- ALLERGY INFORMATION - PLEASE LIST ANY KNOWN ALLERGIES:
- FOOD ALLERGIES BEE STINGS TREES, GRASS, POLLEN ANIMALS OTHER _____



LIABILITY WAIVER:

By signing this document I (we) agree to the following terms: If I, my child(ren)'s emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize program administrators or legal representatives to obtain and secure emergency medical care for my child(ren) while under the program's care including transporting or sending my child(ren) to an available hospital or physician at my expense.

Furthermore, Soccer All Stars reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of fees paid. Soccer All Stars assumes no responsibility for personal property that is either in or out of lockers. By signing this Enrollment Form, I (we) hereby waive any and all claims against Soccer All Stars Dragon Goal and Contact Point Horizons.

I understand that use of the facilities and equipment at Soccer All Stars program and the other facilities utilized by Dragon Goal and Contact Point Horizons to further develop their participants may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that the child(ren) registered above can safely participate in activities and events with the Soccer All Stars program.

I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against Soccer All Stars, Dragon Goal and Contact Point Horizons, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I (or the minor for whom I sign) might suffer while using Soccer All Stars program facilities and services, except as limited by law.

PROGRAM ACKNOWLEDGEMENT:

Soccer All Stars may use the above listed participant(s) photo for promotional purposes. Please check the appropriate box:

I give Soccer All Stars permission to use any and/or all photographs and videos of the participant(s).

YES NO

I/We the parents/guardians of the above named child(ren) hereby give my/our approval to his/her/ their participation in any and all of the activities of "Soccer All Stars" program. I have read & agree to Soccer All Stars Policy & Procedures Guide.

YES NO

NAME OF PARENT OR GUARDIAN (PLEASE PRINT):

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN:
