PAUL HARBIN SOCCER CAMPS 2018 TEAM CAMP REGISTRATION

CAMPER'S NA	ME		
AGE AT CAMP DATE OF BIRTH			
GRADE NEXT	FALL		
ADDRESS			
CITY, STATE,	ZIP		
HOME PHONE	<u> </u>		
PARENT'S NAI	ME		
PARENT'S EM	AIL		
SCHOOL NAM	IE		
CLUB TEAM NAME			
CIRCLE T-SHIR	RT SIZE YL AS	AM AL AXL	
TEAM CAMP AT WILLIAM CAREY UNIVERSITY (JUNE 24 – JUNE 27, 2018)			
RE	ESIDENT	\$395.00	
CC	OMMUTER	\$325.00	
	il campers, please ate preference.	indicate below if you	
I have enclosed \$25.00 for a Soccer Ball.			

Make checks payable to: Paul Harbin Soccer Camps

MAIL TO:

Paul Harbin Soccer Camps 1919 Oxmoor Road, #214 Birmingham, AL 35209

PAUL HARBIN SOCCER CAMPS

MEDICAL INFORMATION

MEDICAL INSURANCE COMPANY NAME & POLICY #
FATHER DAYTIME #
FATHER CELL #
MOTHER DAYTIME #
MOTHER CELL #
IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED PLEASE NOTIFY:
NAME
RELATIONSHIP
PHONE:
FAMILY DOCTOR
PHONE
KALOMAL ALL ED CIEC.
KNOWN ALLERGIES:
ASTHMA
DIABETES
CONTACT LENS LAST TETANUS SHOT OR BOOSTER
LIST OF MEDICATIONS CURRENTLY TAKING
I, the undersigned Parent/Guardian of the registered participant acknowledge that I understand and hereby consent as follows: I understand and acknowledge that there are some risks involved in participation, including but not limited to risk of physical injury, and that I have been informed of these risks and agree to release and discharge Paul Harbin Soccer Camps, its employees and agents from any and all liability, claims, demands and causes of action or other loss suffered by the participant in connection with participation in the camp. I warrant and represent, to the best of my knowledge and belief, that the participant is healthy and able to participate in the camp, and I agree to notify camp administrators of any allergies or other physical, mental or emotional condition that might limit the participant's ability to safely participate in the camp activities.
I understand that the Camp retains the right to use any photographs, video recordings of the event for publicity, advertising or any legitimate purpose.
I give permission to Paul Harbin Soccer Camps, its trainers or other staff members and agents to provide such emergency care and treatment to the participant, as in their judgment may be deemed necessary or advisable in the event that the participant should require emergency care while participating in the camp. I agree to assume the costs of such emergency care and treatment, if any such costs are incurred.
Parent/Guardian Signature Date