

Registration and Release Form

Name of Player

Age/Session

Parent/ Guardian

Mailing Address, City, State, Zip

Phone Number

Emergency Contact Number

Email Address

I hereby do agree that participation in this activity is by choice, and I understand that in soccer, as with any other sports, the possibility for injury does exist. I hereby release, discharge and/or otherwise indemnify Steve Long and all associated personnel that participate in this program.

Signature of Guardian

Date

Paid :Check # _____

Note: In the event of a rainout we will offer **ONE** make up attempt (probably on the Saturday following the camp.)