



## 2009 Soccer Sessions Registration Form

ONE PERSON PER REGISTRATION FORM. MAKE COPIES AS NEEDED.

Camp Dates: July 7<sup>th</sup>, July 9<sup>th</sup>, July 14<sup>th</sup>, July 16<sup>th</sup>, July 21<sup>st</sup>, July 23<sup>rd</sup>, July 28<sup>th</sup> & July 30<sup>th</sup>

6:30 pm until 8:30 pm

Location: JB Red Owens

Ages: 8 through 14

Cost: \$75 per participant

Form must be received by June 15th

### Participants Information

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

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

Special Medical Concerns: \_\_\_\_\_

We (I) hereby request that you accept the application for enrollment of \_\_\_\_\_ in the 2009 soccer camp during the dates set forth in this application: We (I) hereby release William Rodriguez and the City of Easley and their employees and agents for all claims on account of any injuries which may be sustained by our (my) minor son or daughter while attending the camp and any claims which hereafter may be presented by our (my) son or daughter as a result of any such injuries. We (I) also certify he or she is medically fit to participate in this camp. We (I) hereby authorize the directors of the soccer camp to act for us (me) according to their best judgment in any emergency requiring medical attention.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with a \$75 NONREFUNDABLE check to:

William Rodriguez  
221 Edenberry Way  
Easley, SC 29642