

Day Camps Registration Form and Wavier of Liability

Name of Camper:					
Date of Birth:					
Address:					
City:	Sta	te	Zip		_
Email:@					
Name of Legal Paren	ıt/s/Guar	dian			
Parent Emergency P	hone 1:				
Parent Emergency P	hone 2:				
Parents: Email:		@			
Graduation Year					
T-Shirt Size: Circle:	YS YM	YL A	S AM	AL	AXL
Medications:					

medications, injuries, special needs?				
TO BE COMPLETED BY PARENTS/LEGAL GUARDIAN:				
I give permission for				
To participate in the sport of soccer at the soccer camp organized by Premier Soccer Company LLC and I understand that injury can occur and I will not hold Premier Soccer Company LLC or its staff and directors responsible. I/we agree that Premier Soccer Company LLC that any photographs, videos of soccer activity may be posted on social media or our website for the promotion of our camps and the images will only depict a positive image of playing soccer and soccer education.				
Printed name of parent/legal guardian:				
Signature of parent / legal guardian:				
Date signed:2018				
We look forward to your child having a great camp.				