



Premier Soccer Company

High Soccer Satellite Camp Program Registration Form and Wavier of Liability

Name of Camper: _____

Date of Birth: _____/_____/_____

Address: _____

City: _____ State ____ Zip _____

Email: _____@_____

Name of Legal Parent/s/Guardian _____

Parent Emergency Phone 1: _____

Parent Emergency Phone 2: _____

Parents: Email: _____@_____

HS Name: _____

Graduation Year _____

T-Shirt Size: Circle: YL AS AM AL AXL

Medications: _____

Any special information our athletic training staff and coaching staff need to know about 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, video's of soccer activity maybe 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.

Check List:

1. Mail in this registration form with payment to:
Premier Soccer Company LLC
PO Box 167 Urbana OH 43078
Or
Complete this registration process online.

Nick Roberts

Camp Director

Premier Soccer Company LLC

www.premiersoccercompnay.com