

# KICKS

## soccer camp

**July 20-25, 2008**

### KICKS SOCCER CAMP – Registration Form

Name \_\_\_\_\_ Grade 2008 \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Gender:  F  M  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (\_\_\_\_\_) \_\_\_\_\_ School \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please Check camp:

- Junior Day Camp       Senior Day Camp  
 Specialized Goalkeeper Training (Available in each session)

T-Shirt Size (circle one)

Adult: Small    Medium    Large    X-Large

Youth: Medium    Large

- Yes, I would like to purchase a Camp Soccer Ball for \$15  
 size 4 (Junior Camp)     size 5 (Senior Camp)

**Registration and Payment Deadline: July 4, 2008**

Tuition of \$100, along with \$15 if you requested a ball, must be enclosed with this registration form. Make checks payable to Kick Soccer Camp, Inc.

**Mail registration to:**

Roger E. Mast, Camp Director  
1300 Greystone Street  
Harrisonburg, VA 22802

**Contact numbers**

(540) 432-4440 or  
(540) 564-1326

### MEDICAL WAIVER FORM

I understand that soccer is a contact sport. Inasmuch, there are inherent risks, including physical injury involved in playing. I hereby authorize the staff of the Kicks Soccer Camp to use their best judgment in any emergency situation and release them from liability resulting from injury sustained as a result of participation in the camp on behalf of \_\_\_\_\_.

*(Player's Name)*

Kick Soccer Camp, Inc. assumes no responsibility from personal injury, loss or damage to property.

I also certify that the above named is physically able to participate in soccer camp activities.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

List all medications that your child takes and any medical conditions the camp or a physician should be aware of:

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Emergency Phone Numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_