

# WINTER SOCCER CAMP REGISTRATION FORM

## Player Information

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

(Circle One) First or Second Week, Session: I or II Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent or Guardian Information

Father name: \_\_\_\_\_ Phone number: \_\_\_\_\_ (Text) Y or N

Mother name: \_\_\_\_\_ Phone number: \_\_\_\_\_ (Text) Y or N

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Medical conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

I HEREBY AUTHORIZE THE DIRECTOR OF THE SOCCER CAMP TO ACT FOR ME ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION AND I HEREBY RELEASE, EXONERATE AND DISCHARGE THE CAMP FROM ANY AND ALL ACTION OR CAUSE OF ACTIONS KNOWN AND UNKNOWN FOR ANY INJURES INCURRED WHILE AT CAMP, AFTER CAMP OR ON THE WAY TO CAMP.

\_\_\_\_\_  
SIGNATURE OF GUARDIAN

Mail Form and check to:

Esad Morina

Heat F.C.

PO BOX 50837

HENDERSON, NV 89016