 

Dallas Texans Soccer Camp

observed by

ATLETICO De MADRID Coaches

**175.00**

**Boys and Girls ages 7-14**

June 20-24, 2016

6:00pm-8:00pm

Ross Stewart Soccer Complex (1777 Keenan Bridge Road, Farmers Branch 75234)

 Space is limited and available on a first come first served basis

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

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell or work\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Release and medical Authorization

The above named camper is in good health and has my permission to participate in the Dallas Texans Soccer Camp. In case of

emergency, I grant permission for my child or ward to receive emergency treatment. In consideration of the acceptance of my

child or ward to the Dallas Texans Soccer Camp, I hereby, for myself and my child or ward, release the Dallas Texans Soccer Club,

its affiliates and its respective coaches, employees, officers, directors, agents, officials, volunteers, sponsors and owner of the facility

from and against any liability claims or demands for any injury illness or death incurred at or arising by virtue of participation in the

Dallas Texans Soccer Camp. I also, for myself and my child or ward assume complete financial responsibility for any personal injury or

property damage created as a result of an intentional or neglectful act of my child or ward as he/she is participating in the

Dallas Texans Soccer Camp.

Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checks or money orders sent to:

Dallas Texans

2013 Wing Point Lane

Plano, TX 75093