

FLATHEAD SOCCER CAMP SIGN UP FORM

(Please print and mail)

Medical Release Form

Player Name

I wish to enroll the above player in the Flathead Soccer Camp. I understand that the camp does not assume any responsibility for accidents. All participants are involved at their own risk. I hereby authorize all medical or dental procedures as may be prescribed by a physician or dentist for the above player if I cannot be reached during an emergency. I hereby certify that my son/daughter is physically in good condition and able to participate in all camp related activities. All participants involved at their own risk. Any registration fee paid does not provide insurance.

Parent/Guardian Signature

Date

Circle Adult T-shirt size: Small, Medium, Large, X-Large or Youth Size (YL)

Mail with check or money order payable to:

Flathead Soccer Camp
1500 Holt Stage
Kalispell MT 59901

Your check stub will be your receipt.
No confirmation will be sent.

Camp will not be canceled for weather.

We play rain or shine!

■ Full Camp - 1 week only

Fee: \$160

Total enclosed: _____

Soccer Age Group (U-11, U-12, etc.)

Player Name

DOB

Address

Sex (M/F)

City

State

Zip

EMERGENCY CONTACT INFORMATION

Parent Name

Home Phone

Work Phone

Secondary Contact

Home Phone

Work Phone

Allergies

Other Medical Conditions

Physician

Office Phone

Dentist

Office Phone

Insurance Company Name

Policy Number