



7th ANNUAL EPUERTO SOCCER CAMP

(Age Group: 18 years old and under)

Marshfield H.S. (Stadium) August 8th and 9th

Saturday and Sunday from 10:00 am to 3:00 pm (Younger group ends at 2:00 pm on Sunday)

PLEASE FILL OUT THE FOLLOWING SECTION WITH THE PLAYER'S INFORMATION

Last Name _____ First Name _____

Date of Birth ____/____/____ Gender (M) (F)

Grade _____ School _____

Home Address _____ City _____

Home Phone _____ Email Address (Optional) _____

Parent or Guardian _____ Daytime Phone _____

Emergency Contact (Other than Parent of Guardian):

Name _____ Phone _____

Shirt Size:					
Youth	XS	S	M	L	
Adult	S	M	L	XL	

RELEASE

As consideration for the participation of the above-named child in EPUERTO SOCCER CAMP, I, as parent/guardian hereby RELEASE EPUERTO SOCCER CAMP and all of its employees, volunteers and sponsors, from any liability for injury to the above named-child resulting from participation in EPUERTO SOCCER CAMP.

I agree to abide by and uphold all of the rules, policies and procedures of EPUERTO SOCCER CAMP. I agree to respect the decisions of employees and volunteers made in the course of performing their duties and to assume full responsibility that the child I am registering and all of my family members do the same. I acknowledge that if I fail to do so, the above-named child fails to do so, or any of my family members and guests fails to do so, I, the child, and/or any of our family members or guests may be removed and barred from EPUERTO SOCCER CAMP, and/or all future EPUERTO SOCCER activities. I have read and understand the above RELEASE and agree to its terms.!

Parents or guardians MUST remain on the premises during the soccer camp. Food and drink will be provided for participants ONLY!

REGISTRATION FORM: Must be postmarked by July 25th

Signature of Parent or Guardian

Date _____