

United Soccer Training

Unitedsoccersite.com

CAMP REGISTRATION
FORM 2010

FIRST CHILD

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____

___ MALE ___ FEMALE ___ AGE GROUP PLAYING

PARENTS NAMES: _____

EMAIL ADDRESS: _____

CHILD SHIRT SIZE: ___ YM ___ YL ___ ADSM ___ ADM ___ ADL ___ ADXL

SECOND CHILD

NAME: _____ DATE OF BIRTH: _____

___ MALE ___ FEMALE ___ AGE GROUP PLAYING

CHILD SHIRT SIZE: ___ YM ___ YL ___ ADSM ___ ADM ___ ADL ___ ADXL

Please select dates of Camp below:

___ JULY 19TH – 23RD OR ___ JULY 26TH – 30TH OR ___ TWO WEEK SPECIAL

****Parent/Guardian:** The United participant is in good health and has my permission to participate in camp activity. I am aware of the risks associated with my son's/ daughter's involvement in the camp and related activities. In the event of an emergency, I hereby give permission to United staff and/or camp director to treat player as they see fit at the time. I will be fully responsible for all medical expenses incurred by my child while attending the program. No refunds will be given two weeks prior to start of camp. All refunds prior are subject to a 20% fee.

Please sign below that you understand the terms of attending United Soccer Camp:

Parents Signature: _____

Date _____

Emergency Contact _____

Phone # _____

Please mail form with Payment to:

United Soccer

PO Box 1825

Lindenhurst, NY 11757-0945

(516) 320-3032

unitedsocceraca@yahoo.com

ALL CHECKS/MONEY ORDER MUST BE PAYABLE TO WEST ISLIP SOCCER CLUB

