



2011 Registration

One form per camper, please

Player

Name _____

Address _____

Phone _____

Alternate phone _____

Male Female Grade as of Sept. 2011 _____

Emergency Contact

Name _____

Phone _____

Known health conditions _____

T-Shirt Size adult sizes

Small Medium Large X-Large

Payment

Please make checks payable to: **Kick Start Soccer Camps**

Send completed form and check to:

Kick Start Camps
8203 Bay Terrace
Harvey Cedars, NJ 08008

Informed Consent

Realizing that this activity involves the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I give permission for my child to participate in Kick Start Soccer Camp.

Signature _____ Date _____