



Please complete the following information

Name:
Address:
City: State: ZIP:
Phone #: Email:
Male Female Age: Birthdate:
Dates: Dec. 19 Dec. 20 Dec. 21 Dec. 22 Dec. 23 Dec. 27 Dec. 28 Dec. 29
Amount Enclosed (\$40/Session or \$285 for all 8) \$

Parental Consent Form

(All areas must be completed and signed by Parent/Guardian)

Parent/Guardian Name: Relationship:
Address, City: State: ZIP:
Allergic Reactions: YES NO
If YES, list:
Taking any medications: YES NO
If YES, list:
Special Needs: YES NO
If yes, list:

In Case of an Emergency

Father's Name:
Home Phone: Cell Phone:
Mother's Name:
Home Phone: Cell Phone:
Emergency Contact Name:
Home Phone: Cell Phone:

All campers must have their own medical coverage. The Camp provides only excess coverage (does not cover deductibles) after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form is signed by the parent or guardian of the camper.

Camper's Insurance Company: Group #:
Policy Holder: Policy #:

Ralph Lundy Soccer Academy Statement

I/We the undersigned hereby certify that I/we am/are the parent(s) or legal guardian(s) of the camper. I/We hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of an injury or illness. I/We will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy. I/We, the undersigned for ourselves, our heirs, executors, and administrator's waive, release and forever discharge Ralph Lundy Soccer Academy and it staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Camp activities or while at Camp, whether or not damages, injury or loss is due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

Parent/Guardian

Date