



2017 College ID Camps

- Jan. 7th – College of Charleston
- Jan. 16th – Darlington School
- Jan. 28th – Wofford College
- Feb. 4th – Sansom Sports Complex (Knoxville, TN)

Registration Form and payment (\$165 PER Session) to:
 RALPH LUNDY SOCCER ACADEMY • 3134 Ball Court • Mt. Pleasant, SC 29466

Name: _____

Address: _____ Email Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Age: _____ Birthday (MM/DD/Year): _____

Grade _____ Position Field Player Goalkeeper

Parental Consent Form

All areas of this form must be completed and signed by Parent/Guardian

Parent/Guardian Name _____ Relationship _____

Allergic Reactions (drugs, food, asthma . . .) YES NO

If yes, list: _____

Taking any medication at this time? YES NO

If yes, list: _____

In Case of Emergency _____ Phone # _____

Father's Name _____

Father's Home Phone _____ Father's Work Phone _____

Mother's Name _____

Mother's Home Phone _____ Mother's Work Phone _____

Emergency Contact _____ Phone # _____

All campers must have their own medical coverage. 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 CO _____

POLICY HOLDER _____ POLICY # _____

RALPH LUNDY SOCCER ACADEMY RELEASE 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 accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

 Parent/Guardian Signature Date