

Date: _____	 SMUDGER'S <i>Soccer Camps</i>	For Office Use Only:
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2008 PLAYER REGISTRATION FORM

Team Name:		Age Group:	U-	Camp Number and Location:					
Player's Last Name:				Player's First Name:					
Street Address:		Apt #:		City:		St:	TX		
Zip Code:		Phone #:		DOB:		Age:		Sex:	M F
Father's Name:		Work Phone #:		Cell Phone #:					
Mother's Name:		Work Phone #:		Cell Phone #:					
E-Mail Address:									
Person in an emergency:		Phone #:							
Doctor to Notify:		School Currently Attending							
List any Medical Problems:									

Medical Release and Waiver

I, as parent or guardian, authorize any first aid or emergency medical care that may become necessary for my child or ward while he or she is enrolled in Smudger's Soccer Camp. In consideration of the acceptance of my child or ward's entry into Smudger's Soccer Camp, I hereby, for myself and my child or ward, out heirs, executors, administrators and personal representatives, discharge, waive, and release Smudger's Soccer Camp, it's partners, agents, and employees, and the owners of the facilities in which injury or death, which my child or ward or I may have by virtue of or arising in connection with his or her participation in Smudger's Soccer Camp. By executing this document, I hereby assume, on behalf of my child or ward, all risk of injury or loss to which he or she may be exposed. I also give my permission for the free use of my child or ward's name, picture, and/or likeness in any article, broadcast or other account of Smudger's Soccer Camp, including, but not limited to, promotion of future events or other promotional use.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS MEDICAL RELEASE AND WAIVER.

Please print Parent or Guardian:

Signature of Parent or Guardian:

ENCLOSED IS:

A check or money order of \$30.00 for a **NON-REFUNDABLE DEPOSIT** or THE FULL AMOUNT OF \$_____

Please make checks payable to Smudger's Soccer Camps except for the Lakewood Camp (Camp #3, June 4 - 8) held at the Ridgewood Belcher Recreation Center please make that check to The City of Dallas.

Please enclose a self-addressed stamped envelope for written confirmation of camp registration.

Please check a T-Shirt size for your child.

Youth Medium _____
 Youth Large _____
 Adult Small _____
 Adult Medium _____
 Adult Large _____