



# Registration Form

Player Information			
First Name	<input type="text"/>	Last Name	<input type="text"/>
Age	<input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
	Camp Location:	Camp Code:	\$110 or \$80*
			\$
Reset			\$
Reset			\$
Reset			\$
		Subtotal	\$
		Total	\$

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Contact Information			
Guardian's First Name	Guardian's Last Name		
Address	City	State	Zip
Daytime Phone	Night time Phone		
Email	Emergency Phone		

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<p>I, the parent/guardian of the registrant, a minor, hereby authorize the EuroSoccer Camp staff to act for me according to their best judgement in an emergency requiring medical attention for my child. I hereby release the staff from any liability and illness incurred by my child during his/her participation in the camps. I certify that I have health insurance for my child and he/she is in good health and is able to participate in strenuous play at the soccer camp.</p> <p><input type="checkbox"/> I Accept</p> <p><input type="checkbox"/> I Decline</p>	
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