



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: | \$ <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Reset | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Reset | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Reset | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| | | | Subtotal \$ <input type="text"/> |
| | | | Total \$ <input type="text"/> |
| | | | <input type="text"/> |

| Contact Information | | | |
|-----------------------|----------------------|-------|----------------------|
| Guardian's First Name | Guardian's Last Name | | <input type="text"/> |
| Address | City | State | Zip |
| Daytime Phone | Night time Phone | | <input type="text"/> |
| Email | Emergency Phone | | <input type="text"/> |

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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> | |
| <input type="checkbox"/> | I Accept |
| <input type="checkbox"/> | I Decline |