

2008 Summer Camp Registration Form

For further information on all summer camps call: 304-366-8833

Or visit:

www.vsasoccer.com

Date: _____
Player Name: _____
Age/Gender: _____
Parent Name: _____
Tel: Home _____
Cell _____ Work _____

Camp Name/Location: _____
(camp type, check one) Tadpole Youth Elite HS
Time of Camp: _____
Camp dates: _____

Payment information, including where to mail payment to and who to make checks payable to, is listed on the VSA website.

I certify that my child is in excellent physical health and may participate in strenuous physical activities, including soccer to be played at camp/clinic. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release said camp/clinic, Valley Soccer Academy from any and all liability claims, for injuries or illness occurred while attending camp/clinic. I confirm that I am a parent/guardian of the minor named above.

Parent/Guardian Signature: _____

E-mail(Please print clearly) _____