FLATHEAD SOCCER CAMP SIGN UP FORM

(Please print and mail)

Medical Release Form

_____
Player Name

I wish to enroll the above player in the Flathead Soccer Camp. I understand that the camp does not assume any responsibility for accidents. All participants are involved at their own risk. I hereby authorize all medical or dental procedures as may be prescribed by a physician or dentist for the above player if I cannot be reached during an emergency. I hereby certify that my son/daughter is physically in good condition and able to participate in all camp related activities. All participants involved at their own risk. Any registration fee paid does not provide insurance.

_____
Parent/Guardian Signature

_____
Date

Circle Adult T-shirt size:
Small Medium Large
X-Large

Mail with check or money order payable to:

Flathead Soccer Camp
1500 Holt Stage
Kalispell MT 59901

Your check stub will be your receipt.
No confirmation will be sent.

Camp will not be canceled for weather.
We play rain or shine!

Circle Appropriate Box	**Fee**
■ **Full Camp – 2 weeks**	**$280**
■ **Full Camp - 1st week only**	**$155**
■ **Full Camp - 2nd week only**	**$155**
■ **Day Session Only – 2 weeks**	**$155**
■ **Evening Session Only – 2 weeks**	**$155**
****Note there is no evening session on the last day**	

Total enclosed: _____

_____
Soccer Age Group (U-11, U-12, etc.)

_____
Player Name DOB

_____
Address Sex (M/F)

_____
City State Zip

EMERGENCY CONTACT INFORMATION

_____
Parent Name

_____
Home Phone Work Phone

_____
Secondary Contact

_____
Home Phone Work Phone

_____
Allergies

_____
Other Medical Conditions

_____
Physician Office Phone

_____
Dentist Office Phone

_____
Insurance Company Name Policy Number