

STRATFORD HIGH SCHOOL SOCCER

Spring Break **SOCCER CAMP**

REGISTRATION FORM

Camper's Age: _____

Camper's Name: _____ Male _____ Female
Last First

Address: _____
House Number & Street Apt. City

Birth Date: _____ School Grade: _____ Name of School: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parents/Guardians' _____
Names: Name Address/Phone If Different From Above

Name Address/Phone If Different From Above

Non-Parent/Guardian _____
authorized Name Address/Phone
to pick up child:

I, the parent or guardian of the above-named camper, acknowledge that soccer is a physically-demanding activity from which injury can result. In consideration of the camper's participation in activities sponsored by Stratford Soccer, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Stratford Soccer, its officers, directors, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the camper's participation in the activities sponsored by Stratford Soccer.

Parent/Guardian's Signature

Date

