

ECS YOUTH SOCCER CAMP REGISTRATION FORM

Return form and check in an envelope to:

Homeroom or Elementary office

Due Monday, June 12th

Last Name _____ First Name _____ M/F (Circle One)

Address _____ City _____ State _____ Zip _____

Phone () _____ Email _____

Grade: 2nd 3rd 4th 5th 6th

Father's Name: _____ Cell Phone _____ Email _____

Mother's Name: _____ Cell Phone _____ Email _____

List any medical problems or limitations player has:

Person to notify (other than parents) in case of emergency _____

Emergency Phone _____

Doctor: _____ Phone _____

Dentist: _____ Phone _____

REGISTRATION FEES:\$40

Checks Payable to: Ellicottville Sports Boosters

Return to: Homeroom teacher or Elementary Office by Monday, June 12th

SHIRT SIZE (Circle One): YOUTH S M L XL ADULT S M L XL

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Ellicottville soccer camp, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Ellicottville Soccer Camp accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release discharge and otherwise indemnify the Ellicottville Soccer Camp, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant as a result of the registrant's participations in the Program and or being transported to or from the same, which transportation I hereby authorize.

NAME: (Please Print) _____

Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT:

As a parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a dully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

NAME: (Please Print) _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

For Ellicottville Youth Soccer Camp Use Only:

Check # Received: _____ Date: _____