

## Michael McMurray's Summer Soccer Camp

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*Information received is confidential and is being gathered for the purposes of serving your Child while in the care of this soccer camp. Any medical information collected here serves to authorize Michael McMurray's Summer Soccer Camp, and its staff, to obtain medical assistance in emergencies.*

### For the summer soccer camp 2014:

In the case of custody agreements, please include the proper form authorizing Parental contacts.

Child's Name \_\_\_\_\_ M / F

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Email address \_\_\_\_\_

Parents Home Number \_\_\_\_\_

Parents Cell Number \_\_\_\_\_

Parents Work Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

**Emergency contact(s):** \_\_\_\_\_

**Emergency contact(s) number(s):** \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioral concerns or limitations that staff should be aware of?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

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Is your Child bringing any medication with him/her?

Yes  No

If yes, please list.

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The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

**Photos**

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

Brochures/Promotional material

My Soccer Website

I have read, understood and agree with the above.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Check one:**

Session 1 (July 14-18 10:00-11:30AM)

Session 2 (July 14-18 12:00-2:00PM)

Session 3 (July 21-25 9:00-11:30AM)

Session 4 (July 21-25 12:00-2:30PM)

**For pre-registration please enclose the two waivers (the hold\_harmless\_waiver, and the concussion\_waiver) and a check made out to Michael McMurray for the cost of the Soccer Camp (\$65 for 4-5yrs; \$75 for 6-7yrs; \$85 for 8-9yrs; \$85 for 8-9yrs). Payment the first day is also acceptable for your child but please come prepared with cash or check and the three forms (this registration form, the hold\_harmless\_waiver, and the concussion\_waiver).**

**Please mail this registration form along with the other two waiver forms and payment to:**

**Michael McMurray  
P.O. BOX 2487  
Sequim, Wa 98382**