



Red and Gold SoCCCer Camp Registration Form



When: June 25 – 29 / 9 .m. – 4:30 p.m.

Boys and Girls entering 3rd - 9th Grade

Fee: \$200 check payable to Red and Gold SoCCCer

Mail completed registration form and check to:

- **Red and Gold SoCCCer**
7699 Aralia Way, Largo. FL 33777

| | |
|-------------------------------|-----------------|
| Participants Name: | Shirt Size: |
| Date of Birth: | |
| School Attending: | Grade Entering: |
| Do you currently play soccer? | Where? |

| Parent Contact Information | |
|----------------------------|-------------|
| Name: | Relation: |
| Day Phone: | Cell Phone: |
| Email: | |

Waiver

Authorization and hold harmless: I understand the risks and hazards associated with my child's participation in Red and Gold SoCCCer Camp, and certify that my child is physically fit to participate in all camp activities and that he or she is covered by health or accident insurance. In consideration of the instruction my child will receive regarding this camp, I agree to indemnify and hold harmless Red and Gold SoCCCer Camp, The Director Frank Seidl, all coaches and volunteers assisting with this camp or employees or representatives from any injuries, liabilities, claims, damages, costs or expenses incurred by me, my child or on behalf of my child, arising from, or in connection with, my child's attendance and participation in any camp activity supervised by Red and Gold SoCCCer Camp and accept full responsibility for the cost of all medical treatment to my child as a result of any injuries.

Player Name _____

Parent/ Guardian Signature _____

Date _____