

Lynchburg Cranes Soccer Academy 2012

Registration Form

Cost per campers is \$30. Please make checks payable to Sports Outreach Institute.

Please indicate which camp your child will be attending: _____

Camper's Name (please print): _____ **Birth Date:** ___/___/___ **Camper's Age:** _____

Circle One: Male/Female | **T-Shirt Size:** (Circle One) **Youth:** S - M - L | **Adult:** S - A - L - XL

Camper's Last Grade Completed: _____ **Parent(s)/Guardian(s) Name:** _____

Address: Street _____ City _____ State _____ Zip _____

Email: _____

Phone numbers: Home: _____ Cell: _____ In case of emergency _____

Parent Signature: _____ **Date:** _____

Release of Liability

We hereby give permission for our (child)ren to participate in the Lynchburg Cranes Soccer Academy Camp. This signed approval shall constitute the waiver of all responsibility and claims against Sports Outreach Institute, the Lynchburg Cranes and its personnel in the event of accident, injury or death of (child)ren as a result of the risks from said activity.

Parent Signature: _____ **Date:** _____

Medical Release

Doctor's Name: _____ **Phone:** _____

Insurance Company: _____ **I.D. #:** _____

Medical information and/or special needs that Sports Outreach Institute or the Lynchburg Cranes should know about (allergies, asthma,...)

Consent for Medical Treatment

I hereby authorize any qualified person to administer first aid in case of an emergency. Additionally, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry to be given under whatever conditions are necessary to preserve life, limb, or well-being of my child(ren).

Parent Signature: _____ **Date:** _____

Picture Release

As a parent or guardian of a participant in this program, I give the Red Lane Baptist Church and Sports Outreach Institute permission that any picture taken during soccer camp, which may include my participant, can be used for future promotion purposes, such as newsletters, brochures, websites, etc.

Parent Signature: _____ **Date:** _____