

# Soccer Camp-Registration Form

June 18 to June 22, 2018

Howard Park Soccer Fields, Ione

Cost is \$50 a child, \$120 Max for family

After May 31st, cost is \$65 a child, and

\$150 max for family.

Scholarships Available!!!

Participant(s) Name (First, Last)	Male/ Female	Grade (Entering)	Age	T-Shirt Size (Circle)
_____	_____	_____	_____	YS YM YL AS AM
_____	_____	_____	_____	YS YM YL AS AM
_____	_____	_____	_____	YS YM YL AS AM

Parent(s) Name (First, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone 1: \_\_\_\_\_ Contact Phone 2: \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Pick-Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_

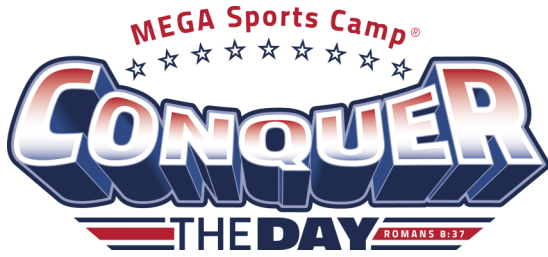
Alternate 2 Pick-Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a friend you would like to be placed with? If so who? *(Must be close in age)*

Home Church (If any): \_\_\_\_\_

**TURN PAGE OVER TO COMPLETE BACK SIDE OF REGISTRATION**

Date Paid: _____	By: <b>CASH</b> or <b>CHECK#</b> _____ or <b>SCHOLARSHIP</b>	Amount: \$ _____
<small>Circle one of the above</small>		
<small>To be completed by Soccer Staff</small>		



## **Cornerstone Church of Ione**

**2018**

### **Release Form**

#### **INDEMNITY AGREEMENT**

As the undersigned as parent or legal guardian of the child(ren) listed above, does hereby give permission for the above named individual(s) to participate in Soccer Camp at Howard Park in Ione, CA. As a condition of attending, I do hereby release Cornerstone Church from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way, arising from participating in High Power Soccer Camp. I further agree that the financial responsibility for securing care, in the case of injury resulting from participation in the program, is a matter between the participant and his/her health care provider, and that Cornerstone Church cannot pay health care providers for treatments or any injuries. It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from the sponsored events.

#### **MEDICAL RELEASE**

As the parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

#### **PHOTOGRAPH AND VIDEO RELEASE**

I give my permission for my child to be photographed or videoed at Soccer Camp, for the purpose of mailing a soccer photograph to the child and giving a presentation at a Sunday Service at Cornerstone Church.

**Parent or Guardian (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_