

# Cannon Soccer Camps Registration Form

Monday July 20<sup>th</sup> – Wednesday July 22<sup>nd</sup> 2009  
\$200 before July 10th - \$250 after July 10th

## Player Information

Name _____	<input type="radio"/> Goalie		
Address _____			
City _____	State _____	Zip _____	Email _____
Date of Birth _____	<input type="radio"/> Male	<input type="radio"/> Female	
Home Phone _____	Shirt Size:	S / M / L / XL	

## Player 2 Information

Name _____	<input type="radio"/> Goalie		
Address _____			
City _____	State _____	Zip _____	Email _____
Date of Birth _____	<input type="radio"/> Male	<input type="radio"/> Female	
Home Phone _____	Shirt Size:	S / M / L / XL	

## Parents or legal guardian

Father/Guardians Name _____	Phone _____
Mother/Guardian's Name _____	Phone _____

## Medical Information

List any medical conditions you currently have or have had in the past, including chronic diseases, allergies or food allergies:  
\_\_\_\_\_

List all current medications, dosage and reasons for use:  
\_\_\_\_\_

List all drug allergies  
\_\_\_\_\_

## Emergency Contact (if parents unavailable)

Name _____	Relationship _____	Phone _____
Physician _____	Phone _____	
Address _____		
Health Insurance _____	Group No. _____	
Dentist _____	Phone _____	
Address _____		
Dental Insurance _____	Group No. _____	

## Office use only

Received _____	Check No _____	<input type="checkbox"/> Notified
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# Cannon Soccer Camps

## Disclaimer

I am the parent or legal guardian of \_\_\_\_\_ who is to be a  
attendee (player name)

participant at the Cannon Soccer Camp from July 20<sup>th</sup> through July 22<sup>nd</sup>, 2009. I hereby give my approval to the participation in any and all of the activities of the Camps during that time, included but not limited to practices, drills games and any other activity associated with the Camps on and after the date. In consideration of you permitting my child to participate in the Camp(s) and the activities, and in consideration of the time and effort devoted by the coaches and supervisors and staff of the Camp.

**I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE ACTIVITIES.**

I further hereby release, absolve indemnify and agree to hold harmless Cannon Soccer Camps, the organizers, directors, sponsors, supervisors, coaches, the facility and administration and each of them, from any claim, demand or action arising out of, or in any way related to the Camp, including, but not limited to any injury to my child except and only to the extent of and in the amount covered by any accident or liability insurance. In the event of an injury, I authorize the staff to obtain any medical care or treatment deemed necessary.

**I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE AND FULLY UNDERSTAND THIS IS A RELEASE OF LIABILITY AND I AGREE TO IT VOLUNTARILY.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

Mail both pages and payment to:

**Cannon Soccer Camps  
PO 1292  
Santa Clara, CA 95052-1292**