



WSC Youth Soccer Camp

July 30th - August 1st 2019

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Birthdate: _____ Age: _____ T-Shirt Size _____

School: _____ Grade attended year 2018-2019: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Parent email: _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Equipment: Each camper will need cleats, shinguards and a water bottle, soccer ball is preferred if available. If you will be sending your child with extra equipment, please be sure that each item is clearly marked with your child's name and last name.

Payments: Tuition may be paid by cash or by check. Make the check payable to: **Wagoner Soccer Club**

Registration fee: \$50 per camper and \$40 for each additional camper in the same immediate family

Contact Information: For more information, contact Cristy Collier, Camp Director at 918-857-3623 email: wagonersoccer@gmail.com visit our Facebook page or wagonersoccer.com/camp

I hereby give permission to **Wagoner Soccer Club**, to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT:

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **Wagoner Soccer Club**, including but not limited to all aspects of soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Wagoner Soccer Club, and its volunteers** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Wagoner Soccer Fields** including any event sponsored or sanctioned by **Wagoner Soccer Club**, and or travel to and from such activities.

You have my permission, in the event of an emergency and in case I am unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child as they may deem advisable.

I understand that **Wagoner Soccer Club**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Wagoner Soccer Club**, or its scheduled program and that **Wagoner Soccer Club**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____