

# 2003 MSL's Sports Winning Goal Soccer Camp

## Registration Form

Name: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Field Player (optional): \_\_\_\_\_ Goal Keeper? Yes  No

Coach Name: \_\_\_\_\_ Club Organization: \_\_\_\_\_

Is your team attending?  Yes  No Team Name: \_\_\_\_\_

(All team coaches attend camp free)

### Select Camp Choice:

#### Individual

Half Day Camp: 7 a.m. - 12 p.m. or 2:00 p.m. (\$80)  Full Day Camp: 7:00 a.m. - 6:30 p.m. (\$130)

#### Team (7 or more team members)

Half Day Camp: 7 a.m. - 12 p.m. or 2:00 p.m. (\$80)  Full Day Camp: 7:00 a.m. - 6:30 p.m. (\$120)

Check # \_\_\_\_\_

Make checks payable to: MSL's Sports. **Note: A \$50 non-refundable deposit is required.**

### Emergency Contact Information

Emergency Phone Number: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List Allergies: \_\_\_\_\_

### Liability Release:

I hereby give my son/daughter permission to attend and participate in the MSL's Sports Winning Goal Soccer Camp. I will be responsible for all and any costs of medical care, treatment, or attention given to my child. I also acknowledge that my son/daughter is physically fit to participate in the camp. I also waive and release forever any damages, injuries, or losses to person or property, whether accidental or intentional. I hereby, with my signature, release MSL's Sports, coaching staff, Trinity High School, its Officials/Administrators, Randolph County Officials/Administrators for any and all accidental injury, damage, or loss of property occurring while on after attending this camp facility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail registration and check to MSL's Sports: 3407-A Archdale Road, Archdale, North Carolina 27263

You will leave with a great soccer experience!