



2009

Mail In Registration Form/Waiver

Player Name \_\_\_\_\_ Age \_\_\_\_\_
Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
School Team \_\_\_\_\_ Club Team \_\_\_\_\_
Email \_\_\_\_\_

T-Shirt Size (Please Circle One) YL AS AM AL AXL

Session (Please Circle One) Youth Advanced

Payment Options: (Please Check One)

- 1. \$50 non-refundable deposit \$50 Payment due May 15 \$50 Payment due June 22
2. \$50 non-refundable deposit \$100 Payment due June 22
3. \$150 Paid in Full Paid by Cash, Check, or Credit Card

Credit Card Payment

Name as it appears on credit card \_\_\_\_\_
Credit Card Type (Please Circle One) Visa Mastercard
Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_
Credit card holders address, city, state, zip (If different from above)
\_\_\_\_\_
Credit card holders signature \_\_\_\_\_

Emergency Contact Information

Parent or Guardian \_\_\_\_\_
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Release

I verify that my child has been checked recently by a physician and is physically able to participate in soccer activities. Also, as a parent/guardian, I authorize any first aid or emergency care that may become necessary for my child while he/she is participating. Further, I understand that there is an inherent risk of injury in playing soccer. Consequently, I hereby release and hold harmless, Elite Keeper Academy, Keith Jarema, his staff and the city of Saline from liability should any injury, loss of life, or loss/damage to equipment that may occur during the camp. By executing this document, I hereby assume all risk of injury or lost or damaged property. In case of emergency, this form and signature will serve as authorization for a hospital to administer medical treatment. All pictures, videos, and contact information collected by Elite Keeper Academy may be used at the discretion of Keith Jarema for promotional use.

Parent/Guardian Signature \_\_\_\_\_
Health Insurance Company \_\_\_\_\_
Policy Number \_\_\_\_\_ Date \_\_\_\_\_