



**2009/10 Winter**  
Mail In Registration Form/Waiver

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

Session: **ADVANCED CAMP**

**Payment Options:** (Please Check One)

1. \$100 non-refundable deposit  
    \$85 Payment due Jan 17  
    (Cash or Check)

3. \$185 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 \_\_\_\_\_

**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 Premier Indoor Sports 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 \_\_\_\_\_