



2010

Mail In Registration Form/Waiver

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

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

Session: **ADVANCED DAY CAMP**

Payment Options: (Please Check One)

- ___ 1. \$100 non-refundable deposit ___ 2. \$100 non-refundable deposit ___ 3. \$300 Paid in Full
 \$100 Payment due June 1 \$200 Payment due July 26 Paid by Cash, Check, or
 \$100 Payment due July 26 (Cash or Check) Credit Card
 (Cash or Check)

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 Elite 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 _____