

Summer Soccer Camp for Boy's and Girl's Entering Grades 2-8 next year.

Child's Name _____

Entering Grade _____

Parent's Name _____

Parent's Home Phone# _____

Parent's Cell Phone# _____

Parent's & Child's Email Address:

Waiver: I, as a parent or guardian, hereby give permission for my child to participate in the SLS Soccer Camp and acknowledge the fact that he or she is physically able to participate in camp activities. I hereby authorize the staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for cost incurred due to sickness or injury to my child. I hereby waive any claim I might have against SLS Soccer Camp and the institution providing the facilities.

Signature of Parent or Guardian:

_____ Date _____