

Bigfork Bandits Soccer Camp

Registration Form

Medical Release Form

Player Name

I wish to enroll the above player in the **Bandits** Soccer Camp. I understand that the camp does not assume any responsibility for accidents. All participants are involved at their own risk. I hereby authorize all medical or dental procedures as may be prescribed by a physician or dentist for the above player if I cannot be reached during an emergency. I hereby certify that my son/daughter is physically in good condition and able to participate in all camp related activities. All participants involved at their own risk. Any registration fee paid does not provide insurance.

Parent/Guardian Signature

Date

Soccer cleats and shin guards are required!! Have your child bring a marked water bottle. Soccer ball is OK, but not required

Mail with check or money order payable to:

Bigfork Bandits
P.O.Box 514
Bigfork, Mt 59911

Your check stub will be your receipt.

No confirmation will be sent.

Questions? info@bigforkbandits.com

Camp will not be canceled for weather.

WE PLAY RAIN OR SHINE

Camp Fee \$85.00

Early signup post mark by 7/2/10 \$75.00

For both Camp and Fall Recreational Season (\$20.00 discount) \$135.00 (Fall Registration form must be included with Camp Registration) post mark by 7/2/10

Amount enclosed \$ _____

Soccer Age Group (U-11, U-12, etc.)

Player Name DOB

Address Sex (M/F)

City State Zip

EMERGENCY CONTACT INFORMATION

Parent Name

Home Phone Work Phone

Secondary Contact

Home Phone Work Phone

Allergies

Other Medical Conditions

Physician Office Phone

Dentist Office Phone

Insurance Company Name Policy Number