

Camper's Name \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Gender: Boy Girl

Skill Level Beg Inter Adv

Goalie? Yes/ No

Parent/ Guardian \_\_\_\_\_

Phone (c) \_\_\_\_\_

Phone (w) \_\_\_\_\_

Phone (h) \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Name of person(s), if different from above, designated for drop off/pick up

\_\_\_\_\_

\_\_\_\_\_

\*Valid CA ID is required for drop off/pick up

**In order to complete the camper's registration, we must receive a CLEAR photocopy of his/her medical insurance card, front & back! Please submit a copy with application.**

**Medical Coverage**

All campers must have their own medical coverage. The camp does not provide medical coverage. Campers will not be allowed to participate unless this form, a medical form, and a copy of the insurance card are submitted. The form must be signed by the parent or by the legal guardian.

**Statement of Disclaimer**

I/We, the undersigned, hereby certify that I (we) am (are) the parent of legal guardian of the camper. I hereby give permission to the staff of

\_\_\_\_\_ camp to seek, during the period of the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, hereby acknowledge that the My Yute Soccer Organization is a privately operated sports camp. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharged the My Yute Soccer Camp and its staff, representatives, volunteers, successors, and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in Camp activities or while at the camp.

Signed \_\_\_\_\_

Date \_\_\_\_\_