

ABYSA Striker/Keeper Camp

PLAYER NAME: _____ AGE: _____

CURRENT PLAYING LEVEL (ex: challenge, classic/age division): _____

CURRENT TEAM

YEARS OF GOALKEEPING / STRIKER EXPERIENCE: _____

CONTACT INFO:

PARENT 1: _____ PARENT 2: _____

CELL: _____ CELL: _____

WORK: _____ WORK: _____

HOME: _____ HOME: _____

EMAIL: _____ EMAIL: _____

ALLERGIES: _____

INJURY _____

ISSUES: _____

EMERGENCY CONTACT DURING CLINIC HOURS: _____

NAME: _____ RELATIONSHIP: _____

HOME: _____ WORK: _____

CELL: _____ OTHER: _____

I agree not to hold ABYSA liable for an injury or loss sustained by this participant while enrolled in the ABYSA Striker/Keeper Camp. I agree to indemnify and hold harmless ABYSA from any claim whatsoever. The camper is in good health and has my permission to participate in the camps. In case of an emergency, I grant my permission for this camper to receive emergency treatment at a local hospital without my being present. I agree to allow ABYSA To take and use photographs of my child during camp to use on website or print media campaigns.

X

X

Guardian Signature

Date:

*****Please complete this form and return with payment by Wednesday, July, 8th

Checks must be made payable to ABYSA and send with completed registration form to:

ABYSA
ATTN: Striker/Keeper Camp
PO BOX 895
Asheville, NC 28802