



# Skyline Soccer Association

6000 East Evans Avenue, #1-401, Denver, Colorado 80222  
303.691.5662 (phone) 303.691.5675 (fax)  
www.skylinesoccer.org

## Summer 2008 Camp Registration Form

**CAMP REGISTRATION IS DUE ONE (1) WEEK BEFORE THE START OF EACH CAMP**

Last name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Dad's Work/Cell Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Mom's Work/Cell Phone \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_ School Attending \_\_\_\_\_  
 Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_  
 Special Medical Needs(if any) \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_ Check number: \_\_\_\_\_  
 VISA/MasterCard # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_

**Camp you are registering for (all camps are at Southmoor Park and details on each camp are available on our website):**

- June 16-21, 9:00-11:00 am: U8+ Players; Technical Camp \$100
  - Goalkeeper Session from 11:30-12:30 add \$50 to price (total \$150)
- June 23-27, 9:00am-12:00pm: U6+ Players; Recreational Fun Camp \$120
  - Goalkeeper Session from 12:30-1:30 add \$50 to price (total \$170)
- July 21-25, 9:00am-12:00pm: U6+ Players; Recreational Fun Camp \$120
  - Goalkeeper Session from 12:30-1:30 add \$50 to price (total \$170)

**THIS SECTION MUST BE READ AND SIGNED FOR CHILD TO PRACTICE OR PLAY. NO EXCEPTIONS.**

In consideration of the acceptance of my child into the activities conducted by the Skyline Soccer Association (hereafter called Association) and its member teams, I hereby, for my child and myself, and our respective heirs, administrators, guardians, and representatives, waive, release, and forever discharge any and all rights and claims which I or my child may have now or which may accrue to any of us in the future, against the Association, the teams, coaches, officials, officers and members of the Association, all municipalities, special districts/properties, sponsors or others involved in the Soccer Program, for any and all damages which may be sustained or suffered by any of us in connection with the events or activities (including travel to or from such activities or events) which the Association sponsors or in which it is involved. I agree to abide by the rules of the Association and hereby give my consent for my child to participate in all Skyline Soccer Association activities. As the parent or legal guardian of the above mentioned player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Dentistry, Emergency Medical Technician or Certified Athletic Trainer. This care may be given under whatever conditions are necessary to preserve the life, limb and well-being of my dependent. Additionally, I authorize the use of photos that may be taken of my child while participating in this program to be used by Skyline Soccer on their website or any other promotional material.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

