

Register Form

Name \_\_\_\_\_ Sex:  M  F School: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Birth Date \_\_\_\_\_

Session Date(s): \_\_\_\_\_ Session Time(s): \_\_\_\_\_

If I cannot be reached in case of emergency, I, \_\_\_\_\_ (print name of Parent/Legal Guardian) authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for my child, \_\_\_\_\_ . Practice Makes Perfect soccer camp does not assume any responsibility for any accidents, medical or dental or any other expense incurred as a result of attendance at this camp.

I hereby certify that the applicant is physically fit to participate in all camp activities and is covered by health or accident insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Med. Insurance Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_

Are you attending camp with 11 or more teammates? If yes, a team roster must be attached with checks.

Mail form and a check made out to "Practice Makes Perfect" to:

Priestwick Sackeyfio

4339 NE 58th

Seattle, WA 98105