

Winter Break Soccer Camp

BOYS AND GIRLS

AGES: 7 TO 14 YRS OLD

DATE: DECEMBER 28 - 31 2009

TIMES: 9AM - 4PM FULL DAY

9AM - 12:30 HALF DAY

12:30PM - 4PM HALF DAY

BELLEAIR RECREATION CENTER

901 PONCE DE LEON BLVD

BELLEAIR, FL 33756



**PLEASE BRING A LUNCH,
WATER (FOR THE DAY),
SHIN GUARDS, AND CLEATS**

REGISTRATION FORM

Name _____ Birth date _____

Address _____

City, State, Zip _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Name/Phone Number _____

Email Address _____

CAMP FEE (Camp Fees are due at registration, payable by cash or check made payable Jimmy McDonald)

\$145 per player Full Day
\$145 x ___ = ___ Total

\$85 per player for Half Day
\$85 x ___ = ___ Total

\$50 per player per day(s)
\$50 x ___ x ___ = ___ Total

For early registration mail to:

Jimmy McDonald • 3058 Lahlor Lane • Palm Harbor, FL 34684

I realize that soccer involves strenuous physical contact. I also am aware that physical injuries can occur from participating in the sport. My child is physically able to participate in such activity. As the parent / legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians of nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above-named minor. I have not been given a guarantee as to the result of examination or treatment. I / we assume all risk and hazards of the sport. Further the Jimmy McDonald Soccer Camps and / or Gulf Coast United reserves the right to expel a coach, parent, and / or child for inappropriate behavior. I / hereby waive, release, absolve, indemnify and agree to hold harmless the Jimmy McDonald Soccer Camps and / or Gulf Coast United organizers, sponsors, participants, and coaches.

Parents/Guardian _____ Date _____