



2016 Team Camp Registration Form

Age Groups: U11, U12, U13, U14

Questions? – Call Head Coach Todd Bramble
703-993-3295 ~ tbramble@gmu.edu

June 27 – July 1

Camper Name _____

Address _____

City _____ ST _____ Zip _____ Phone _____

Parent/Guardian Name/s _____

Phone (C) _____ Phone (C) _____

Parents Email _____

Age at Camp _____ Birthdate _____ Team Age Group _____

Club team _____

Coaches Name _____ Coaches Phone: _____

Parental Consent/Medical Information:

In order to enable health facilities in Fairfax to provide prompt care to your minor child in the event of an emergency, please read and complete this consent form.

Does camper have any allergies? ☐ Yes ☐ No If Yes, Please describe: _____

Is camper taking any medications? ☐ Yes ☐ No If Yes, Please describe: _____

Does camper have dietary restrictions? ☐ Yes ☐ No If Yes, Please describe: _____

Emergency Contact Names	Relationship to Camper	Contact #	Contact #

Medical Insurance Provider/s	Policy Holder	Policy #	Contact #

Please provide any instructions regarding your insurance: _____

I/We, the undersigned hereby certify that I/we am/are the parent or legal guardian of the camper. I/We hereby give permission for the staff of the Camp, during the period of the camp, to seek appropriate medical attention for the camper, and for medical attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness, I/we will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs. I/We understand that, as with any other sport, injuries can occur, and I/we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and camp activities. I/We, represent that I/we have sought the opinion of our child's family physician, Name of Camper's Physician: _____, and he/she concurs that the above-named camper is fully capable of safely engaging in these activities. I/we also understand that it is my/our responsibility in caring for the camper listed above, to be assured that she is fully capable of engaging in this sport's activity, and I/we are confident that she is able to engage in such a sport.

Signature of Parent or Guardian: _____ Date: _____

Payment Information: Camp Fees are to be collected by the team coach/manager and submitted as a group.

Team Fee: \$2,400. Minimum of 12; Maximum of 18 players

Check Payment: Make checks payable to **Capital Soccer Academy**