

ELITE SOCCER EVENTS - TEAM CAMP

- Registration Form -

Camper First Name: _____ Camper Last Name: _____

Parent Email: _____

Address _____

City _____ State _____ Zip _____

School _____ Grade entering next year _____

Camper Gender: Male Female

T-Shirt Size: YS YM YL AS AM AL AXL

CONSENT FOR MEDICAL TREATMENT (MINOR)

By agreeing to the terms and conditions, I release my child to participate in the Elite Soccer Events. I recognize that my signature on this release is a condition of your permitting my child to participate. I certify that my child is in excellent physical health, and may participate in physical activities at camp. I certify that there are no physical limits to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Elite Soccer Events, and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or other loss suffered by my child in connection with his/her participation in the camp. I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to all its terms. I do hereby authorize Elite Soccer Events and its assigns to utilize any and all photographs, pictures or other likeness of my child or any participant assigned guardianship to me, as they deem appropriate in its promotional materials. If I cancel the registration, I agree to pay the \$100 nonrefundable deposit. If my child loses his/her key, I agree to pay the Athletes in Action penalty of \$100.00

Parent First and Last Name: _____

Signature of Parent/Guardian X _____ Date _____

Parent Contact Number: Mobile: _____

Any Medical Info you want us to know about: _____

ELITE SOCCER EVENTS

Regular Price

_____ July 16-18, 2021 - High School Team Camp at Athletes in Action, Xenia OH

\$100

Total Cost of Camps _____

PAYMENT

_____ Paying with Check or Money Order (Enclosed)

_____ Paying with Credit Card

Type of Card: _____ Visa _____ Mastercard _____ Discover

Name on the Card: _____

Number on the Card: _____ Exp. Date: _____ CCVN (on back): _____

Please enclose the full amount due or credit card information and mail to:

Elite Soccer Events, 4565 Elida Rd, Elida, OH, 45807

Make checks payable to: Elite Soccer Events