

REGISTRATION FORM

Detach and return

Name _____

Address _____

City _____

State _____ Zip _____

Age on Arrival _____

Home Phone _____

Parent(s) Name(s)

T-Shirt Size (circle): YS YM YL YXL AS

Total Amount Enclosed \$ _____

Make checks payable to UMC SOCCER

Return to: UMC SOCCER OFFICE
 Attn: Soccer Coach
 University of Minnesota, Crookston
 2900 University Avenue
 Crookston MN 56716

The University of Minnesota is an equal opportunity educator and employer.

2008 Golden Eagle Soccer Camp

K - 6th Grade



UNIVERSITY OF MINNESOTA | CROOKSTON



Soccer Camp Information

- Location:** On the UMC Soccer Field
(next to the football stadium)
- Dates:** Monday-Thursday
July 14-17, 2008
- Times:** 6:00 pm - 8:00 pm
- Cost:** \$50 per player
(includes t-shirt, soccer ball and
camp certificate)

*Come and join us this summer for a great time.
We emphasize the FUNdamentals in soccer and
will help you become a better soccer player.
Hope to see you at camp.*

- Chris Przemieniecki, Head Soccer Coach



**For more information
call 218-281-8420**

Liability/Medical Release Form

I/we the parent(s) of _____, hereby give my/our approval to his/her participation in any and all UMC GOLDEN EAGLE SOCCER CAMP activities. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the camp, its director(s), coaches and the University of Minnesota, Crookston. I/we grant permission for him/her to participate in the soccer camp and acknowledge that he/she is physically able to participate in camp activities. I authorize the organizers of the UMC GOLDEN EAGLE SOCCER CAMP to act for me according to their best judgment in any case of emergency requiring medical attention. I accept full responsibility for liability and cost of treatment for above registered person.

Insurance Carrier: _____

Policy/Group #: _____

Parent Signature: _____

Emergency #: _____

Date: _____

Please describe any important emergency information or physical disability on back of this form. Also indicate if participant is taking any medication or has an adverse reaction to any medication. Please indicate if religious beliefs prevent or limit medical attention and what care may be provided.