



SB4U Soccer Summer Camp

Travel Player Ages: 8 -14

REGISTRATION FORM



SB4U Academy

Phone: 347.612.097 Email: soccerbest4u@gmail.com

Website: www.soccerbest4u.com

Child Full Name: _____ Boy ___ Girl ___ Age ___ DOB: ___/___/___

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Mobile / Cell # _____

Soccer Experience: (List names of the Travel or Recreational Teams you child played or currently plays)

Parent/Guardian Full Name _____ E-Mail: _____

Alternate Contact Person in case of emergency: _____ Phone: _____

MEDICAL INFORMATION OF PARTICIPAN/ PLAYER

List all allergies: _____

Medication being taken or other pertinent medical information: _____

Family Doctor's Name: _____
Phone #: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for SB4U and its affiliated groups the registrant for its soccer program and activities (the "Programs"), I hereby release, discharge and/or indemnify SB4U, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or behalf of the registrant's participation in the Programs. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. Therefore, I grant the Clinic Director permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent or Guardian: _____

Date: _____

PHOTO CONSENT RELEASE

I, _____

(Parent name)

Hereby consent for my child's photograph/image to be used for the official www.soccerbest4u.com website and club communications and for use in conjunction with club presentations. I understand that the information to be posted does not include other personal identifiable information such as my child's address, phone number, or social security number.

Organization Name: **SoccerBest4U Inc**

Player Name: _____

Parent Signature: _____ Date: _____

REGISTRATION FEE

- SB4U Member: **\$299**
- Non SB4U Member: **\$325**
- Sibling Discount: **10% OFF**

MEMBER TYPE

- SB4U _____ Non SB4U _____

ALL PAYMENTS ARE FINAL - NO REFUNDS

OFFICIAL USE ONLY

TOTAL PAID : \$ _____ Sibling Discount Applied: Yes ___ No ___ Date: _____

Payment Method: Cash ___ Check ___ PayPal ___ Received by: _____