

Brooklyn Patriots Soccer Club

<http://www.patriotsunited94.com>

Summer 2010 Soccer Camp Registration

Brooklyn Patriots Summer Camps: [Camp #1](#) - [Camp #2](#) - [Camp #3](#) - [Camp #4](#) - [Camp #5](#)

Player's First Name: _____ Last Name _____ Gender _____ (M/F)

Address _____

City _____ State _____ Zip Code _____ Tel. Number _____

Birthday _____ (MM/DD/YY) School Attending/Fall Grade _____

Father's Name _____ Tel. Number _____

Email _____

Mother's Name _____ Tel. Number _____

Email _____

List any medical problems or prohibition player has: _____

List any allergies _____ Medication being taken _____

Doctor to notify in emergency _____ Tel. Number _____

I authorize my son/daughter _____ to participate in the [Summer 2010 Soccer Camp](#) of the Brooklyn Patriots Soccer Club (BPSC). Recognizing the possibility of physical Injury associated with soccer and in consideration for BPSC and its affiliates accepting the registrant for its soccer activities, I hereby release, discharge and/or otherwise indemnify BPSC, its affiliated organizations and sponsors, their coaches, managers, associated personnel, board of directors, including the owner of fields and facilities utilized for the Soccer Camp, against any legal claim by or on behalf of the registrant's participation in the Soccer Camp. My child has received a physical examination by physician and has been found capable of participating in the Soccer Camp. Moreover, I assume full responsibility for any Soccer Camp fine that my child or I, as parent/guardian, may incur because of a BPSC rule violation. I understand that my child cannot participate in any BPSC sponsored activity until the fine is paid in full to the club.

Signature X _____ Date _____

Consent for Medical Treatment (Minor)

As a parent or legal guardian of the above named player, I hereby give my consent of emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature X _____ Date _____