



2008 SUMMER SOCCER CAMP

BLAINE SOCCER CLUB ★ PO BOX 49043 ★ BLAINE, MN 55449 ★ 763 792-7369

www.blainesoccer.org Director: Scott Macleod scottsoccer2@hotmail.com

ENJOY THE SCHOOL HOLIDAYS AT SOCCER CAMP!
Professional Coaches, High Quality Training, Tons of Fun!

June 16 – June 20 (Monday - Friday: 9:30am-Noon)

@ The Blaine Soccer Complex (D Fields)

All Ages - Travel and Recreational Camps

Players will be placed in age and level appropriate groups

Only \$100 if you sign up by 6/6/08! (\$120 after deadline)

SIGN UP NOW TO SECURE YOUR PLACE!

Mail-In Registration to: BLAINE SOCCER CLUB, Summer Soccer Camp, P.O. Box 49043, Blaine, MN 55449



2008 Summer Camp Registration

Name: _____ AGE: _____ Male Female
 First Middle Initial Last

Level (Please Circle): 2008 Travel Player 2008 Recreational Player Neither

Address: _____
 Street City Zip code

Telephone Number: _____ - _____ - _____ Cell: _____ - _____ - _____

Father's Name: _____ Mother's Name: _____

Email Address (Please print clearly): _____

Alternate Contact: _____ Alternate Telephone Number: _____

Physician/HMO/Clinic Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Blaine Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Blaine Soccer Club accepting the registrant for its soccer programs and activities (the 'Programs'). I hereby release, discharge and/or otherwise indemnify the Blaine Soccer Club, 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 on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent or Guardian Date

Consent for Medical Treatment As the parent/legal guardian of a registrant in the Blaine Soccer club programs; I hereby give my consent for EMERGENCY medical care by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Signature of Parent or Guardian Date

Consent for Photo Release As the parent/legal guardian of a participant in the Blaine Soccer Club programs, I hereby give my consent for use of my child's photo to be displayed on the Blaine Soccer website and or local newspaper for the sole purpose of displaying participation in the program.

Signature of Parent or Guardian Date

Office Use Only Cash/Check #: _____ Date: _____ Amount: _____ Rec'd By: _____
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