TOUCHMASTERS INTTERNATIONALFOOTBALL CAMP
REGISTRATION & MEDICAL RELEASE FORM

Name of Parent(s):_____
Address:_____
City: _____ State: _____ Zip:_____
Parent Email Address:_____
Home Phone: _____ Parent's Cell:_____
Camper's Cell: _____ Emergency Contact: _____
Name of Camper :_____
Camper Email Address:_____
DOB:_____ Sex: M/ F Grade: _____ Camper Cell:_____
Allergies: Y/N If Yes, please explain: _____

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Register by July 18th. You may request a credit for camp next year**.**
Please check level of play: ____ Beginner ___Club ___National Team

Cost: $ 100 EC – Local Players - Ages: 7-17, Time: 9:30am – 2:30pm
Cost: $ 275 US – International Players Ages: 7-17, Time: 9:30am – 2:30pm

In consideration of accepting this entry for camps operated by TOUCHMASTERS INTERNATIONAL FOOTBALL CLUB. I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights for claims and damages I may have against TOUCHMASTERS INTERNATIONAL FOOTBALL CLUB, and any and all of its representatives, successors, sponsors, assignees for any and all injuries suffered by my child while participating in practice/games/tournaments or while on camp premises. I attest that my child will participate in activities as a foot race entrant, that he/she is physically fit and has sufficiently trained for participation and completion in all physical events and that a licensed doctor has verified his/her physical condition for participation in all physical activities. Further, I hereby grant full permission to any and all the foregoing use of photographs, videotapes, electronic recordings or other records of camp and training events for legitimate purposes.

Parent's Signature _____ Date:_____