

2008 Avalanche Elite Soccer Camp

Player Information

Last Name

First Name

Birth date

Address

City

State

Zip Code

Phone

Current Team

Father's Information

Last Name

First

Employer

Cell Phone

Work Phone

Email

Mother's Information

Last Name

First

Employer

Cell Phone

Work Phone

Email

Camper Medical Information

Doctor's Name

Doctor's Phone

Medical Problems/Prescription Medication to be taken at camp

Emergency Contact Name

Relationship

Phone

T-Shirt Size

___ Youth Medium ___ Youth Large

___ Youth X-Large ___ Adult Small

Camp Session

___ Youth Elite July 7^h – 11^h (\$125)

Camp Location

July 7th – 11th
Storm Mountain Park
11400 South 1000 East
Sandy, UT

Payment Options

___ Check

___ Cash

Checks/Cash must accompany registration form in order for registration to be complete.
Send completed forms and payment to:

Krissa Reinbold 1601 N 2600 W Lehi, UT 84043

Release

I hereby give permission for my child to participate in the Utah Avalanche Elite Summer Camp and agree to comply with all of its rules and regulations. I do hereby expressly and specifically assume all of the risks which attend the game of soccer and any other sports or related activities, including but not limited to physical contact and physical injuries. I agree to indemnify and hold harmless the Utah Avalanche Girls Soccer Club Foundation, Inc., its officers, coaches, trainers, employees, agents, and related entities (hereafter referred to as the "Utah Avalanche") including but not limited to any adjoining facilities from any and all claims, suits, or proceedings arising allegedly or in reality out of the acts or omission and participation of the undersigned in any related activity. I further agree to release and discharge, indemnify and hold harmless Utah Avalanche from any and all claims or suits arising out of the acts or omission or participation of Player in any soccer-related activity conducted by Utah Avalanche. As the parent or legal guardian of the above player, I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of this minor, named above. I understand \$25 of my fee is non-refundable. I agree to all of the terms of the Agreement described above as parent, responsible party and guardian of player shown above:

Parent/Guardian Signature _____

Date _____

Enclosed is my check/cash of \$ _____ Check # _____
- make payable to "Utah Avalanche Girls Soccer Club"