



Maine Metro F.C.
Premier Soccer

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Website: www.mainemetrofc.com



2008 SUMMER SOCCER DAY CAMP REGISTRATION FORM

Name _____ Age you will be during camp _____

Grade entering fall 2008 _____ Gender Male Female

Address _____

City State Zip _____

Name of Parent(s) _____

Home Phone () _____ Day Phone () _____

E-mail (*required) _____

School Attending _____

T-shirt Size:

Youth – S M L XL Adult – S M L XL

Do you want to be trained as a goalkeeper?

Yes No

Previous Playing Experience _____

Please check the appropriate age group:

8 to 9 10 to 11 12 to 13 14 to 15 16 to 17

Age 8 – 9 Full payment of \$189 is required. **Age 10 – 17** Full payment of \$225 is required.

Make checks payable to: "Maine Metro FC Soccer Camp"

In an Emergency when parents cannot be reached, please contact:

Name _____ Relationship _____ Phone _____

List any medical problems or prohibition player has: _____

Doctor's Name _____ Phone _____

In an Emergency when parents cannot be reached, please contact:

Name _____ Relationship _____ Phone _____

List any medical problems or prohibition player has: _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give consent for 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 of Parent or Guardian:

X _____ Date: _____