

Bishop Kelly Boys Soccer Camp Registration

Campers' Name _____

Age _____ Phone _____

Address _____

City/State _____ Zip _____

In consideration of the acceptance of this application for registration, I, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Bishop Kelly High School or its representatives and/or assignees, for any and all damages that may be sustained and suffered by me in connection with my association with or entry into this camp, and which may arise out of my traveling to, participating in, or returning from the camp. I have had a recent physical examination and have been declared physically fit to participate in this type of vigorous activity. In case of accident or injury, I give my permission for the trainer/camp staff to do what is necessary in their judgment for my health and safety.

Applicant's Signature _____

Parent /Guardian Signature _____

Date _____ Emergency Phone _____

Name (if different from above) _____

Tee Shirt Size of Player _____

Please print, sign, and mail with check made out to (Due by June 29th):

Bishop Kelly Soccer

3930 N. Legacy Common Ave.

Meridian, ID 83646