

## Bishop Kelly 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 21<sup>st</sup>):

**Bishop Kelly Soccer**

**3930 N. Legacy Common Ave.**

**Meridian, ID 83646**