REGISTRATION:

CHILD'S NAME: _____

SEX: _____ AGE: _____

ADDRESS: _____

_____

PARENTS: _____

PHONE:

HOME: _____ (M) _____ (D)

WORK: _____ (M) _____ (D)

CELL: _____ (M) _____ (D)

EMAIL: _____ (M)

_____ (D)

REGULAR CAMP

____ June 25 - 29 ____ July 9 - 13

GOALKEEPER CAMP

____ July 9 - 13

COST OF CAMP: $150 Per Week

Group discount: 3-6/$15 off; 7 or more/$25 off **

** Forms must be received together for discount to apply. Sorry, no exceptions.

T-SHIRT SIZE: YS YM YL AS AM AL AXL

AGE GROUP: U- ___ TEAM: _____ COACH: _____

PLEASE GROUP MY CHILD WITH: _____

_____

_____

_____

EXCLUDING THIS YEAR, MY CHILD HAS ATTENDED THE JUST 4 KICKS SOCCER CAMP _____ YEARS.

MEDICAL INFORMATION:

DATE OF CHILD'S BIRTH: _____

DATE OF LAST TETANUS: _____

KNOWN ALLERGIES: _____

_____

_____

KNOWN MEDICAL CONDITIONS: _____

_____

_____

FAMILY PHYSICIAN: _____

PRIMARY INSURANCE CARRIER: _____

_____

POLICY NUMBER: _____

I CERTIFY THAT MY CHILD _____
IS IN EXCELLENT HEALTH AND MAY PARTICIPATE IN STRENUOUS PHYSICAL ACTIVITIES INCLUDING SOCCER AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE CAMPER, I REQUEST THAT IN MY ABSENCE, THE ABOVE NAMED CAMPER BE ADMITTED TO ANY HOSPITAL OR MEDICAL FACILITY FOR DIAGNOSIS AND TREATMENT. I REQUEST AND AUTHORIZE PHYSICIANS, DENTISTS AND STAFF, DULY LICENSED AS DOCTORS OR MEDICINE OR DOCTORS OF DENTISTRY OR OTHER SUCH LICENSED TECHS OR NURSES TO PERFORM DIAGNOSTIC PROCEDURES AND X-RAY TREATMENT TO THE ABOVE MENTIONED MINOR. FINALLY, I WILL IN NO WAY HOLD THE LAFAYETTE PARISH SCHOOL BOARD, LAFAYETTE MIDDLE SCHOOL, ITS FACULTY OR ANY INDIVIDUAL ASSOCIATED WITH THE CAMP RESPONSIBLE FOR INJURIES RECEIVED BY THE PERSON STATED ABOVE.

_____ _____

Parent or Legal Guardian's Signature Date

BEFORE YOU SEND YOUR FORM IN, PLEASE MAKE SURE YOU:

* Selected the appropriate week and bus.
* Selected t-shirt size
* Completed team information, if applies
* Completed medical information
* Included check with registration form

Mail completed form and payment to:
JUST 4 KICKS SOCCER CAMP
219 BELLE MAISON DR.
LAFAYETTE, LA 70506