

program selection:

Program Date: _____ Venue: _____

account information:

	Participant's Last Name:	Participant's First Name:	DOB: mm/dd/yyyy	Sex: M/F	Price:
1					
2					

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Mobile 1 _____ Mobile 2 _____

Email Address: All program information is distributed through email.

Payment Method: Check Visa MC Discover **TOTAL: \$** _____

Credit Card Number: _____

Expiration(mm/yy): _____ Name on Card: _____

Liability Waiver:

I certify the my child is in excellent physical health, and may participate in strenuous physical activities, including soccer to be played at camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release Paul Turner's Ultimate Soccer Academy, Inc, it's agents, employees and all affiliated entities from any and all liability claims, demands and causes of action to personal injury, property damage and/or other loss suffered by my child during camp. I confirm that I am a parent/guardian of the minor named above, and I and the minor named above agree that the grant and release obtained therein binds me and the minor to all of it's terms. I also agree to let my child's photograph be used for publicity items without my approval or compensation provided no name be used with said photograph. **NOTE:** I acknowledge that I am responsible for providing all current medical information prior to the start of camp.

Parent/Guardian Signature: _____ Date: _____