



**SUMMER SOCCER CAMP @ VETERANS PARK  
6 WEEKS - JULY 9th through AUGUST 17th 2018**

**Registration Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Home phone: ( ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ D.O.B. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**PARENTS INFORMATION**

Father's Name: \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Person to notify in case of emergency: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Doctor to notify in emergency: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
List any medical problem or prohibition player has: \_\_\_\_\_

**SOCCER CAMP FEES**

**Soccer Camp is 4 days during the week Monday through Thursday from 5:30 to 7:30  
Total Fee is \$260.00  
Register for only two days a week for six weeks - Fee \$140.00  
Register for only three days a week six weeks - Fee \$200.00**

**Note: Fees are non-refundable**

**You can register online or you can mail your registration with the payment to:  
Norwalk Community Soccer Club  
28 Southwind Dr., Norwalk, CT 06854**

**Para mas informacion en español por favor llamar a George Caceres 203-854-9926**

**IMPORTANT**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the NCSC, CJSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CJSA accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and /or otherwise indemnify the CJSA, NCSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to/or from the same which transportation I hereby authorize.

Name of Parent or legal Guardian \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Consent for medical treatment of minor**

As the parent or guardian of the about 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 or well being of my dependent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CLUB USE ONLY:** Player's fee \$ \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

Returning Club Player \_\_\_\_\_ New Club Player \_\_\_\_\_ Concussion Form \_\_\_\_\_