



SELECT SOCCER CLUB

Camp Casey Registration Form

Dates **May 11-13, 2007**
Drop Off: **Friday at 5pm**
Pick Up: **Sunday at 4pm**

CAMPER'S NAME	AGE GROUP	COACH
ADDRESS		
CITY	ZIP	PHONE
PARENT'S NAME(S)		CELL NUMBER

****Please make sure we have a number where we can reach you at any time over the weekend***

EMERGENCY CONTACT OTHER THAN PARENT	PHONE
ALLERGIES OR CONDITIONS	

If camper is bringing medication to camp, please notify coordinators in advance

RULES

FC Alliance has a zero tolerance rule with regards to tobacco, alcohol and drugs. Any camper using or possessing these items will be sent home from camp immediately. Campers will be provided with the Camp Casey Conference Center Guest Rules; each camper and their parent(s) are to read these rules and agree to abide by these rules while at Camp Casey. Any camper violating ANY rule will be sent home.

My camper and I will review the rules prior to camp and understand that violation of any rule will result in the camper being sent home.

PARENT SIGNATURE

PLAYER SIGNATURE

DATE

DATE

MEDICAL CONSENT AND RELEASE OF LIABILITY

I, the undersigned parent/guardian of this camper, a minor, do hereby authorize FC Alliance coordinators and/or coaches as Agents for the undersigned to consent to medical, surgical or dental examination, treatments, etc. In addition, I hereby release and discharge NYSA, FC Alliance and Camp Casey Conference Center from any and all claims for personal injuries. I will assure that my child is properly prepared for all activities including having proper clothes and equipment, being in good health and able to participate in camp activities. I authorize the alternate contact person listed to act on my behalf if I cannot be reached.

PARENT/GUARDIAN SIGNATURE

DATE