**Registration Form**

Camper’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Girl\_\_\_\_Boy\_\_\_\_Grade\_\_\_\_\_ Age\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code:\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Soccer Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Camp **BEFORE 5/31**: $160.00

Cost of Camp **AFTER 5/31**: $180.00

**Complete the registration and medical release forms and mail with a check (Made out to Harrison Soccer Booster Club) to:**

**Jon Gross**

**169 Misty Hill Trail**

 **Dallas, GA 30132**



**Summer 2019 Harrison Soccer Camp**

**June 10th-13th\* Monday-Thursday**

**6:00pm-9:00pm at Harrison High School, Cobleigh Stadium**

**Camp is open to all 7th -rising 9th Graders**

**\*Friday is a make-up day if needed**

**Camp Director**

Jonathan Gross

Harrison H.S. Social Studies Teacher

Harrison H.S. Varsity Men’s and Women’s Head Soccer Coach

Coach of 2007 Men's 5-A Georgia State Champions

2007, 2013 & 2014 MDJ Cobb County Coach of the Year

USSF “A” License

NSCAA Premier Diploma

Over 25 yrs. of coaching experience at the high school, collegiate, and club level

**Medical Release Form**

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek appropriate medical attention in the event of accident, injury or illness. I will be responsible for all costs of medical attention and treatment.

I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge the soccer camp staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property, which may be sustained or occur during participating in soccer camp activities or while at camp, whether or not damages, injury or loss due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Special Considerations:

Unless you notify us to the contrary we can only assume that each person registering for camp is in good physical condition and free of limiting conditions. Please notify us if there is any factor that might limit a person registering for camp so that we can do our best to provide the appropriate services and attention