Panther Soccer Camp 2012 - Check Registration Form PLEASE CLICK THE FOLLOWING SESSION(S) ATTENDING:

| Winter Academy: S1- December 31st- January 2 thru 4, 2012 | | | | Recreation – Advanced Academy – SOCCER CAMPE www.carrillosocceteamp.com | | |
|---|--|---|--|---|---|--|
| ☐ New Camper | Returning Camper | | | | Panther Soccer Camp P.O. Box 17185 | |
| CAMPER INFOR | MATION: | | | | Anaheim, Ca 92817-7185 Phone: 714-308-1578 | |
| ALL FIELDS MUST BE COMPLETED | | | | 140404 | Fax: 714-459-7256 v.carrillosoccercamp.com | |
| Name: | | | | *************************************** | .camiosoccercamp.com | |
| Age: | Date of Birth: | | 1/12/2001 Gender : | | | |
| PARENT/GUARI | DIAN INFORMATIO | N: | | | | |
| | | | Skill Level: | | | |
| Name: | | ☐ Beginner (0-2 yrs exp) ☐ Intermediate (3-4 yrs exp) | | | | |
| Address: | | Advanced (5+ yrs exp) | | | | |
| Cit | City: | | 1 | | | |
| State: | | How did you hear about us? | | | | |
| Zip Code: | | Player Level: | | | | |
| Home Phone | e: | | ☐ None ☐ □ | Recreation 🗌 Sigr | nature 🗌 Club | |
| Day Time Phone: | | T-Shirt Size: T-Shirts are Hanes 50/50 | | | | |
| Email Addres | Email Address: | | Y-Small | | | |
| Emergency Contact: | | | 1-Medidiii | 1-Large | | |
| Emergency Phon | Emergency Phone: | | Adult Small | Adult Medium | Adult Large | |
| Medical Insurance Provider: | | Registration Fees: (If space is available - after 12/14th \$110, | | | | |
| Please note any medical conditions that we should be aware of. | | | walk up, 1st day of camp \$120) | | | |
| If none, please state none in the box below: | | | ☐ Winter Academy: (9 to 12) \$90 each Session | | | |
| Additional T-Shirt Purchases: \$10 each | | | Additional Sweatshirt Purchases: \$25 each | | | |
| ☐ Y-Small | Y-Medium | ☐ Y-Large | ☐ Y-Small | Y-Medium | Y-Large | |
| Adult Small | Adult Medium | Adult Large | ☐ Adult Small | Adult Medium | Adult Large | |
| release indemnify Anaheim and thei (including person- connection with a occasioned therek an emergency rec photographs take Parent/Guardian S | by. I hereby authorize th juiring medical attention on at the camp. Signature / Date: | including Chapman L ficers or other operatively or indirectly caused Panther Soccer Acader to Directors of Panther | Iniversity, Orange Hig ves, from any and all c in whole or in part by ny, and further assum Soccer Camp to act f | gh School, the City of or claims for liability of a y the releases just nar nes any and all risk of for me according to the | Orange and City of ny type or nature med, arising out of or in injury to the participant neir best judgement in | |
| Amount of Payn Check Payable to: | nent Enclosed: ३ : Panther Soccer Camp (| payment must accom | pany application) | | | |

CAMPER CANNOT ATTEND CAMP WITHOUT THIS FORM AND THE REQUIRED SIGNATURE!