



Predators Soccer Team  
P.O. Box 6562  
Lawton, OK 73506  
Phone: (580) 510-3240  
info@predatorssoccer.com  
www.predatorssoccer.com

**PREDATORS GIRLS SOCCER TEAM  
CAMP REGISTRATION  
JANUARY 3 – MARCH 2, 2012  
Goldner Fitness Center  
Bldg. 3444 Crane Rd., Ft. Sill**

(Circle Camp)	<b>U5-U6 (Tuesdays)</b> Time: 5:30-6:30PM Camp Fee \$25.00	<b>U7-U8 (Thursdays)</b> Time: 5:30-6:30PM Camp Fee \$35.00	<b>U9-U10 (Tuesdays &amp; Fridays);</b> Time: 6:30-8:00PM Camp Fee \$45.00
	<b>U11-U12 (Thursdays)</b> Time: 6:30-8:00PM Camp Fee \$45.00	<b>U13-U14 (Fridays)</b> Time: 5:30-6:30PM Camp Fee \$45.00	

Make checks payable to Predators Soccer, and mail with completed registration form to: P.O. Box 6562, Lawton, OK 73506

**PLAYER'S MEDICAL INFORMATION**

Player's Name:	Birth Date:	Gender:	Female
Street Address:	City:		
State:	Zip :	Email Address:	

Parent Name:	Home Phone:	( )	Bus Phone:	( )
Email Address:	Cell Phone:	( )	Receive texts?	Yes No
Parent Name:	Home Phone:	( )	Bus Phone:	( )
Email Address:	Cell Phone:	( )	Receive texts?	Yes No

**In an emergency when parent/guardian cannot be reached, please contact the following:**

Name:	Phone 1:	( )	Phone 2:	( )
Name:	Phone 1:	( )	Phone 2:	( )

Please list Allergies the player has:

Please list other medical conditions:

Physician	Phone 1	( )	Phone 2	( )
Medical/Hospital Insurance Company	Phone			( )
Policy Holder's Name	Policy Number			

**MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER**

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relation to player: Father Mother Guardian