

Mike Getman Soccer Camp TEAM APPLICATION 2020

Print this out to register by mail.

Camper's Name _____

Address _____

City/State/Zip _____

Home # () _____ Daytime # () _____

Parent's Name _____

Parent's E-mail Address _____

(we send your registration confirmation & camp information by email, so please print neatly.)

Camper's E-mail Address _____

Age at camp _____ Date of Birth _____ Graduation Year _____

Circle T-shirt size, Adult: YL S M L XL

Indicate training you wish to receive at camp: _____Field Player or _____Goalkeeper

May 31-June 3, 2020 at Univ. of Montevallo _____Overnight (\$475)

Please indicate below if you have a roommate preference:

Roommate: _____ Suitemates _____

I heard about the Mike Getman Soccer Camp thru : family member attended____ _
friend____ postcard mailed _____ received email____ my coach _____ internet search _____
facebook or instagram _____ other _____

I have been a past camper for _____ years.

_____ I have enclosed an additional \$25 to purchase a camp soccer ball.

A \$200 deposit for each session of camp must accompany this application.
After May 1st, send full payment.

**Mail both pages of completed application to:
Mike Getman Soccer Camp, PO Box 660754, Birmingham AL 35266**

Application - Medical Information

Camper's Name _____ Date of Birth _____

Medical Insurance Company Name & Policy Number _____

Emergency Phone #s

Father (home) _____ (work) _____ (cell) _____

Mother (home) _____ (work) _____ (cell) _____

In an emergency, if parents cannot be reached notify:

Name _____ Relationship _____ Phone# _____

Family Doctor _____ Phone # _____

Known Allergies _____

Asthma _____ Diabetes _____ Last Tetanus Shot or Booster _____

List of Medications Currently Taking _____

Medical Conditions _____

I, the undersigned Parent/Guardian of the below named participant acknowledge that I understand and hereby consent as follows:

I understand and acknowledge that there are some risks involved in participation, including but not limited to risk of physical injury, and that I agree to release and discharge the Mike Getman Soccer Camp, LLC. ("the Camp"), their officers, directors, employees and agents, the University of Montevallo, their board, officers and employees or agents from any and all liability, claims, demands and causes of action or other loss suffered by the participant in connection with participation in the camp excepting only liability, claims and expenses arising out of the sole negligence of the Camp, or the officers, directors, employees and agents thereof.

I warrant and represent, to the best of my knowledge and belief, that the participant is healthy and able to participate in the camp, and I agree to notify Camp administrators of any allergies or other physical, mental or emotional condition that might limit the participant's ability to safely participate in the Camp activities.

I give permission to the Mike Getman Soccer Camp, LLC., its trainers, other staff members, agents and any attending physician to provide such emergency care and treatment to the participant, as in their judgment may be deemed necessary or advisable in the event that the participant should require emergency care while participating in the Camp. I agree to assume the costs of such emergency care and treatment, if any such costs are incurred.

I give the Mike Getman Soccer Camp, LLC permission to transport my child by a licensed and insured bus company during the course of camp activities.

I give the Mike Getman Soccer Camp, LLC permission to photograph and take video of my child during camp activities for use in camp advertising and publications on the internet and in print.

I have read the cancellation Policy stating that, "Those who cannot attend for medical or other reasons will be refunded all but a cancellation fee (\$50 for Day Camp and \$100 for Residential Camp) as long as the camp office is notified at least 72 hours before check-in at camp.

Parent or Guardian Signature

Date