

Lil' DEVILS SOCCER CAMP

Lil' Devils Soccer Camp Application

July 15th - July 19th

(Camper's First Name)

(Last Name)

(Street)

(City)

(Home Phone #)

(Cell Phone #)

(Email- print clearly)

(Emergency contact Name & Phone Number)

Age: 3 4 5 6

Does the applicant have a history of any serious accidents, operations, or health conditions?

Yes No

(If yes, please attach issues concerning your daughter)

Camper Shirt Size

Youth T-Shirt M - L

Camp Fee \$80

Please make payment to LBD Soccer Camp. The camp fee covers the cost of the ball, camp shirt, and award.

LBD Soccer Camp

735 Girard Ave,

Westfield NJ 07090

Any questions: LBDcamp@gmail.com

Register Early—Space is Limited

As Parents/Guardians/Legal Representatives of the applicant, we acknowledge that 1. The sport of soccer involves physical contact. 2. There is risk of injury incidental to participation in a soccer skill development program. 3. Certain injuries are common, including contusions, cuts, abrasions, ankle sprains, shoulder sprains and various head injuries. 4. The applicant is aware of the risk of injury when traveling to camp, while pursuing training activities at camp, and when departing from camp. 5. We are assuming the risk and hazards incidental to participation in this soccer skill development program. We waive any claims that we may have against the Lil' Devils Soccer Camp and its employees and authorized representatives.

(Signature)

(Date)