



2010 FootHolde Soccer Camps

Mail-in Registration Form



Player's Name _____ DOB _____ M or F (circle one)
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone (H/W) _____ Phone (Cell) _____
 Club Playing Level (i.e., Lakeville, U10 Rec) _____
 Medical Insurance Co _____ Phone _____
 Policy Holder _____ Policy Number _____
 Player's Physician _____ Phone Number _____

Sign up for:	Dates	Time	Ages	Cost (with flyer)
<input type="checkbox"/> FootHolde Southwest A Prior Lake Club Camp (Ryan Fields)	July 12-15	9am-12pm	4-14	\$130 \$104
				Total:

T-shirt size (circle one):
 YM YL S M L XL

How did you hear about the camp? _____

Enter Coupon Code here: _____

Waiver of Liability

I, the parent/guardian of the above named player, a minor, agree to abide by the rules of FootHolde, and all other affiliated organizations. Recognizing the possibility to physical injury associated with soccer, I hereby release, discharge, and/or otherwise indemnify FootHolde, and all other affiliated organizations, the staff coaches and other associated personnel, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I accept the use of photography of my dependent for future promotional material. I hereby declare that the enrolled applicant is in good health, and, as the parent/legal guardian of a participant in the FootHolde Soccer Camp Program, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. By signing this form I accept all responsibility and assume all costs that may be incurred in the event of an injury or accident.

Special medical conditions or allergies (circle one): Y or N
If yes, explain: _____

Parent Name(s) _____
Emergency Contact and Phone _____
Parent's Signature _____
Date _____

Send registration form and payments to:

FootHolde
 5516 30th Avenue South
 Minneapolis, MN 55417

More info at www.footholde.com