

# Registration

Please fill out form clearly and completely. Incomplete forms cannot be processed and will delay your registration

FOR OFFICE USE ONLY	Session # _____
	Date rec'd _____
	Pd _____ Method _____
	Balance _____

Northwest Soccer Camp 15600 NE 8th St., Suite 647, Bellevue, WA 98008  
(425) 644-0470 Fax (888) 471-1965 www.nwsoccer.org

## SELECT CAMP PROGRAM RESIDENT CAMP DAY CAMP

SESSION # \_\_\_\_\_ SESSION NAME \_\_\_\_\_ LOCATION \_\_\_\_\_

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ROOMMATE REQUEST / REGISTERING WITH A TEAM  YES  NO ROOMMATE OR TEAM NAME \_\_\_\_\_

### CAMPER INFORMATION

RETURNING CAMPER  YES  NO

NAME \_\_\_\_\_  
(first, middle initial, last)

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER  MALE  FEMALE

### PARENT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(if different than at left)

CITY / STATE / ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### MEDICAL INFORMATION

ANY MEDICAL CONCERNS? IF YES, PLEASE LIST \_\_\_\_\_

ANY MEDICATIONS? IF YES, PLEASE LIST \_\_\_\_\_

INSURANCE NAME (Required) \_\_\_\_\_ ID# \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHYSICIAN'S PHONE \_\_\_\_\_

### EMERGENCY INFO (If parents cannot be reached in case of an emergency)

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY CONTACT PHONE \_\_\_\_\_

CONSENT TO MEDICAL CARE AND TREATMENT: I, (parent/legal guardian) \_\_\_\_\_, authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for (child's name) \_\_\_\_\_ if I cannot be reached in case of emergency. I understand Northwest Soccer Camp does not assume responsibility for any accidents, medical or dental, or any other expenses incurred as a result of attendance at this camp. I hereby certify that I (or the above-named camper) am physically fit to participate in all camp activities and I/child am covered by health or accident insurance (required for camp attendance). Promotion and advertising: All pictures or video taken at camp may be used at the discretion of NW Soccer Camp.

ADULT SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZATION TO ADMINISTER MEDICATION: I, (parent/legal guardian) \_\_\_\_\_, authorize the following medication(s) to be administered to my child at the discretion of the Head Athletic Trainer:

Acetaminophen (Tylenol)  Ibuprofen (Advil)  Diphenhydramine (Benadryl)  Aspirin  Children's chewable aspirin

I understand that I will be notified should any of the above be administered.

ADULT SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

### METHOD OF PAYMENT/BILLING INFO

Amount Enclosed \$ \_\_\_\_\_  Check enclosed made payable to  
Northwest Soccer Camp.

Also enclosed is a \$ \_\_\_\_\_ donation  
to Northwest Soccer Fund for the camp  
scholarship program.

CFAR - Cancel For Any Reason - \$24.95  
Up to the opening day of camp.  
For more info see www.nwsoccer.org

Please charge my:  VISA  MASTERCARD EXP DATE \_\_\_\_\_

CARD # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the balance due to be charged 3 weeks before camp begins