



ID Camp Registration Form

Return this form with your non-refundable payment to:

GMU Women's Soccer, 4400 University Dr. MS 3A5, Fairfax, VA 22030
703-993-3295 703-993-3591 FAX
info@capitalsocceracademy.com

Registration Fee: \$145

Camper Name _____ Camper Email _____
 Address _____
 City _____ ST _____ Zip _____ Phone (C) _____
 Parent/Guardian Name/s _____
 Phone (C) _____ Phone (C) _____ Email _____
 Age at Camp _____ Grade Year _____ Club team _____
 Player Type: Goalkeeper Forward Attacking Midfielder Defensive Midfielder Center Back Outside Back

Parental Consent/Medical Information:

In order to enable health facilities in Fairfax to provide prompt care to your minor child in the event of an emergency, please read and complete this consent form.

Does camper have any allergies? Yes No If Yes, Please describe: _____

Is camper taking any medications? Yes No If Yes, Please describe: _____

Does camper have dietary restrictions? Yes No If Yes, Please describe: _____

Emergency Contact Names	Relationship to Camper	Contact #	Contact #

Medical Insurance Provider/s	Policy Holder	Policy #	Contact #

Please provide any instructions regarding your insurance: _____

I/We, the undersigned hereby certify that I/we am/are the parent or legal guardian of the camper. I/We hereby give permission for the staff of the Camp, during the period of the camp, to seek appropriate medical attention for the camper, and for medical attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness, I/we will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs. I/We understand that, as with any other sport, injuries can occur, and I/we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and camp activities. I/We, represent that I/we have sought the opinion of our child's family physician, Name of Camper's Physician: _____, and he/she concurs that the above-named camper is fully capable of safely engaging in these activities. I/we also understand that it is my/our responsibility in caring for the camper listed above, to be assured that she is fully capable of engaging in this sport's activity, and I/we are confident that she is able to engage in such a sport.

Signature of Parent or Guardian: _____ Date: _____

Credit Card Information:

Card Type: _____ Amount: _____

CC# _____ Exp. Date _____ 3-digit code: _____

Cardholder Name: _____ Signature: _____

Billing address if different than above address: _____

Check Payment: Make checks payable to **Capital Soccer Academy**