

**HOPATCONG SOCCER CLUB
SUMMER CAMP REGISTRATION**

PLAYER INFORMATION

Name: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone: _____

Email Address: _____

Parent / Guardian(s): _____

D.O.B: _____ T-Shirt Size: S M L (circle one)

Camp Date(s): July 26-30 (9-12pm) / Aug. 2-6 (5-8pm) (circle one)

EMERGENCY CONTACT:

Name: _____

Relation to Child: _____

Phone#: _____

PARENT / GUARDIAN CONSENT AND WAIVER

In enrolling with Fox Soccer Academy, I understand that attending the programs and using Fox Soccer Academy and its facilities are doing so at his/her own risk. FSA shall not be liable for any damage whatsoever arising from injury or property loss sustained while on the premises or during the services rendered by an FSA associate. He/She fully release FSA, all associated facilities, employees and agents from any all claims. I, the undersigned Parent / Guardian, grant authority to the staff at FSA to render a judgment concerning assistance and care in the event of accident or illness.

Parent / Guardian: _____ Date: _____

PRINT AND MAIL THIS FORM ALONG WITH \$150 PAYMENT TO:

FOX SOCCER ACADEMY

P.O. BOX 1853

NEW BRUNSWICK, NJ 08901-1853