

# Elizabethtown Soccer School Registration Form 2011

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade as of Fall 2011 \_\_\_\_\_ Email: \_\_\_\_\_

Team/School Name \_\_\_\_\_

Field Player \_\_\_\_\_ Goalkeeper \_\_\_\_\_

Playing Experience: check box(es) School:  Varsity  Junior Varsity  Middle School

Club:  Traveling Team  Premier Team  State Team

Preferred Roommate \_\_\_\_\_  
(only two campers per room)

Parent's Names \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Years Attended E-town Soccer School \_\_\_\_\_ Adult Shirt Size:  S  M  L  XL

Adult Short Size:  S  M  L  XL

## Camp Fee:

Full \$450

Group (six or more) \$425  
*\*Advanced notification required*

Commuter \$375

Group Commuter \$350

*(six or more)*

## Make check payable to:

Elizabethtown Soccer School  
557 Koser Road  
Lititz, PA 17543

*If camp is full, check box  
to be placed on waiting list*

For Official Use Only

Date received \_\_\_\_\_

Amount received \_\_\_\_\_

Check # \_\_\_\_\_

Confirmation sent \_\_\_\_\_

Balance due \_\_\_\_\_

**Release:** "My child, \_\_\_\_\_, is in excellent physical health and capable of participation in strenuous physical activity. I hereby give my approval for his participation in the Elizabethtown Soccer School. I understand that I will be responsible for any injuries to my child resulting from, or in connection with, camp activities. I hereby release, absolve, and hold harmless the Elizabethtown Soccer School, its coaches and directors, its members, officers, organizers, sponsors, and the supervisors."

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medical Release:** "In the event that medical attention is required, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and I cannot be reached, I give my permission for any care determined necessary by the Elizabethtown Soccer School staff."

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth of Camper \_\_\_\_\_

Emergency Contact: Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Health/Accident Insurance Company \_\_\_\_\_

Policy or ID Number \_\_\_\_\_

*All campers MUST have insurance coverage under their parent's or guardian's policy in order to participate in the Elizabethtown Soccer School. We are providing MINIMAL injury and medical coverage.*



**Official Sponsor of the  
Elizabethtown Soccer School**  
www.adidas.com