

# 2011 Summer Camp Registration & Waiver

Office Use Only
Check Date _____
Check # _____

Print & Mail to: FC Seattle Academy & Camps,  
PO Box 23115, Federal Way, WA. 98093-0115, or Fax to 425-392-0204 or Email to fcseattle@comcast.net

<b>Field Location:</b> _____	<b>Time:</b> _____
<b>Dates:</b> _____ (circle one)	<b>Champs</b> <b>Premier</b> <b>Team</b> <b>Group</b> <b>Individual</b>

## Section 1: Camper Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Male/Female (Circle one)   Date of Birth: \_\_\_\_\_  
Month   Day   Year

## Section 2: Parent/Guardian

Name: \_\_\_\_\_ E-Mail: (Print) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies/Regular Medication: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

**T-Shirt Sizes (circle one)**   Youth   YM   YL,   Adult   AS   AM   AL   AXL

## Section 3: Customized Team Camp Information (Team Camp Only)

Team Contact: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Date of Camp: \_\_\_\_\_ Time of Camp: \_\_\_\_\_

*Yes, I would like to know more about HOST-A-COACH. Please contact me*

## Medical Consent & Release of Liability

*I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child if I cannot be reached in case of an emergency. I agree that neither I nor my child will bring any claims of any kind against FC Seattle Storm Academy or its agents, staff or sponsors as a result of any injuries, expenses or damages that I or my child may suffer in connection with my child's participation in the Academy, whether such claims are known or unknown or arise in the future. I agree that the Academy retains the right to use photos taken of members at the Academy for advertising and publicity purposes only. I understand that no one is authorized by the FC Seattle Storm Academy to alter, modify or waive any of the terms of this agreement in any way.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 4: Visa / Mastercard/Amex/Check

**Name:** \_\_\_\_\_ **3 or 4 digit Code** \_\_\_\_\_

**Card#** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Expires:** \_\_\_\_\_ / \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

