

2009 Summer Camp Registration & Waiver

Print & Mail to: FC Seattle Academy & Camps,
PO Box 23115, Federal Way, WA. 98093-0115, or Fax to 253-529-9478

Field Location: _____

Dates: _____ **Champs Premier Team** (circle one)

Last Name: _____ First Name: _____

Street: _____ City _____ State _____ Zip: _____

Male/Female (Circle one) Date of Birth: _____ E-mail: (PRINT) _____
Month Day Year

Parent/ Home
Guardian _____ Phone _____

Cell Phone _____

Emergency Emergency
Contact _____ Phone _____

Team (Team Camp Only) _____ Coach (Team Camp Only) _____

Allergies/Regular Medication: _____

Who referred you to us? _____

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

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:** _____

VISA / MASTERCARD

Name: _____

Card# _____ / _____ / _____ / _____ **3 digit code(back of Card)**

Expires: _____ / _____ **Amount:** \$ _____

Signature: _____

