

STRIKERS CAMP 2010

WEEK 1: JUNE 7 - 11 — WEEK 2: JUNE 14 - 18 — WEEK 3: JUNE 21 - 25

Select Team Camp – Registration Form

To register please complete the information below. Mail this form with your check to:
North Texas Strikers Soccer Club, c/o Summer Strikers Camps, P.O. box 450625,
Garland, TX 75045. **Please Make Checks Payable to MTX Strikers SC**

Name Birthday Age

Address Home Phone Cell Phone

E-mail

Parent/Guardian Name Parent Day Phone Number Emergency Contact

Allergies/Limitation Family Doctor Doctor Phone Number

Week 1 Week 2 Week 3

T-Shirt Size (circle One): Youth M Youth L Adult S Adult M Adult L Adult XL

Player Release Form

This release is to allow my child to participate in the North Texas Strikers S C Soccer Camp. I recognize that my signature on this release is a condition of your permitting my child to participate. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Strikers Soccer Club and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or other loss suffered by my child in connection with his/her participation in the camp, I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds the minor and me to all its terms.

Parent / Guardian Signature

Date

Check Number