

# Coastal Soccer Camp Registration Form

A form must be completed for each camper attending. Register on location 30 minutes before camp begins. If you wish to register early by mailing us your form(s), but please ensure we receive them one week before the camp date.

## **We accept checks & money orders, made payable to:**

Coastal Soccer School  
104 Soundview Drive  
Kill Devil Hills, NC 27948

## **PLEASE COMPLETE IN FULL AND PRINT CLEARLY:**

Name of camper: \_\_\_\_\_

Desired sessions/dates: \_\_\_\_\_

Camper's birth date: \_\_\_\_\_

Parent or guardian's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

T-shirt size (circle one): YS YM YL YXL AS AM AL AXL

Knowing that the physical condition of my child is satisfactory to participate in Coastal Soccer Camp activities, I hereby give permission for him/her to participate. I accept responsibility for my child in case of injury. I hereby release Coastal Soccer School and its employees from any liability that may occur to my child as a result of an accident

Signature: \_\_\_\_\_ Date: \_\_\_\_\_