

CAMPS AND TRAINING REGISTRATION

CAMP # _____

Player Name _____

Age _____ Position _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Emergency Contact

Medical Insurance _____

Insurance Carrier _____ Policy number _____

RELEASE FORM

I hereby state that my child is in good health and has permission to participate in all of Dimitar's Soccer Activities (DSA). I authorize DSA staff to act on my behalf in the event of illness or injury. In case of accident while attending this camp, I release DSA and staff from any and all liability. My signature to this waiver also states that the above player is covered by personal medical health insurance policy.

I give DSA permission to use my child's picture or likeness in promotion of DSA in printed or electronic media or other forms of advertisement. I renounce any and all claims upon DSA for reimbursement for use of such material.

Signature _____ Date _____

Printed Name _____

Mail completed application and release form with full payment check to:
Dimitar Soccer, 12211 Sugar Maple Dr., Herndon VA 20179.