

Technical Touch Camp Registration Form

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|---------------|--|-------------------|
| Player Name: | Gender: | DOB: |
| Parents Name: | Phone Number: | Alt Phone Number: |
| Address: | City: | State: Zip: |
| Email: | | |
| Club Team: | Current League (Elite, Premier, classic, challenge, Option I): | |

Emergency Contact Information

| | | |
|------------------|--------------------|---------------------|
| Name: | Relationship: | Medical conditions: |
| Phone Number: | Alt. Phone Number: | |
| Name: | Relationship: | |
| Phone Number: | Alt. Phone Number: | |
| Physicians Name: | Phone Number: | |

I certify that my child is in excellent physical health and may participate in strenuous physical activities or games played at **The Technical Touch Soccer Camp**. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release The Technical Touch Soccer Camp and affiliated entities from any and all liabilities, claims, demands, and causes of action of personal injury, property damage/loss suffered by my child in connection with his/her participation in The Technical Touch Soccer Camp. I agree that you may photograph my child during the camp, and that you retain the rights to use visual images in any manner without compensation to my child. I represent that I am the parent/guardian to the minor named above, and agree that the grant and release contained therein binds the minor and me to all terms.

Parent/Guardian Signature: _____ Date: ___/___/___

Please make checks payable to: Broomfield Blast

Completed registration and payment should be mailed to Technical Touch Camp, 60 Garden Center Suite G-01, Broomfield, Colorado 80020

Credit Card Payment

Visa/Master Card #: _____ Expiration Date: _____
 Name on Card: _____ Card Holder Signature: _____ Date: _____