

Fast Feet Soccer Camp

2012 Registration

Please print clearly.

New to FAST FEET ? Yes No		Sessions Attending (Select all that apply)	
Recommended by _____		_____ Session 1 (June 25 - June 29)	
		_____ Session 2 (July 9 – July 13)	
Camp Type		[Full Day]	[Half Day]
		[Mini Camp]	
Name of Camper			
M or F	Age	DOB	Grade
Address			
City			Zip
Home Phone Number		()	-
Alternate Phone Number		()	-
Alternate Phone Number is		[Work]	[Mobile] [Friend/Family]
Email Address			
School			
Club or Team			
Position		[Field Player]	[Goalkeeper]
Years Playing Soccer			
Ball		[Free*]	[None] [Yes \$15]
		<i>*Free ball with paid-in-full registration by April 15</i>	
Ball Size		[3]	[4] [5]
Shirt Size		[Youth] / [Adult]	Size: _____
Parent's Name			
Payment Method		[Cash]	[Check]
Medical information/allergies			

FFS Office Use: Date Rec _____ Deposit _____ Balance _____ Ball Size _____

Liability/Medical Waiver: My son/daughter is in good health and has my permission to participate in this program. In case of medical emergency, I authorize FAST FEET personnel to seek medical emergency care for my child. I hereby assume all risks and hazards incidental to my child's participation in FAST FEET activities and I do hereby waive, release and absolve the FAST FEET director, assistants and participants from any claim arising out of injury to my child. I represent that I am a parent/guardian of the minor named above, and I agree that the grant and release contained therein binds me and the minor to all of its terms.

Photo Release: I agree that photo's taken of my child at FAST FEET CAMP can be displayed on the Fast Feet Soccer Camp Website. (If you do not want your son or daughter's image posted on the website, please contact Coach Smith.)

Parents Signature _____