

**CAMPER INFORMATION**

**Name (s)** 1. \_\_\_\_\_ boy/girl Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
2. \_\_\_\_\_ boy/girl Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
3. \_\_\_\_\_ boy/girl Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ We will confirm camp reservations by email

**Check which session:** Morning \_\_\_\_ 9am to 11:30am OR Evening \_\_\_\_ 6pm to 8:30pm

**T-shirt:** Youth Small \_\_\_\_ Youth Medium \_\_\_\_ Youth Large \_\_\_\_  
Adult Small \_\_\_\_ Adult Medium \_\_\_\_ Adult Large \_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

*Applicant is in good health and has my permission to participate in this camp.*

**Make checks payable to :** Moon Girls Soccer Boosters and mail to :

**Moon Girls Soccer Boosters  
619 Meade Drive  
Moon Township, PA 15108**

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

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**2017 MOON LADY TIGERS YOUTH SOCCER CAMP  
MEDICAL/PHOTO RELEASE FORM**

**Player's Name (s)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Birthdate (s)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Emergency Information during Camp Hours:**

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**In an Emergency when parent/guardian cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Allergies:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Other Conditions we should know about:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PARENTS APPROVAL AND RELEASE (Medical and Photo)**

Recognizing the possibility of physical injury associated with soccer and in consideration for players participation and receiving instruction in the MOON LADY TIGERS YOUTH SOCCER CAMP I hereby release, discharge and/or otherwise agree to indemnify the MOON LADY TIGERS SOCCER TEAM and any of the persons connected with it, from and against any and all claims for personal injury by the player as a result of the player's participation in the soccer camp, and verify that I am authorized to do so as parent/guardian of the player. In addition, I hereby give MOON LADY TIGERS SOCCER ORGANIZATION permission to use my child's photo image for publicity reasons.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE SIGNED**

