

## PA YOUTH CAMP REGISTRATION

Complete, detach and return this form for each soccer player to be registered. Each player must also complete a Medical Release form to be turned in at registration.

### I WANT TO PARTICIPATE

SOCCER PLAYER

\* Parent or guardian must sign waiver below if player is under 18 years of age.

ADDRESS

ADDRESS

CITY/STATE

EMAIL

PHONE

### WAIVER

\* I the parent/guardian of the above named participant recognize the possibility of injury associated with soccer. I hereby release, discharge & otherwise indemnify Keith Fulk Soccer Camps, it's affiliates & sponsors, their employees & associated personnel, the owners of the fields & facilities utilized for camp, as well as those providing transportation to or from same, which transportation I hereby authorize. As the parent/guardian of the above named participant, I hereby give my consent, in case of injury for an athletic trainer, medical doctor, dentist, nurse, hospital or clinic to provide the participant with medical assistance and/or treatment, and agree to be financially responsible for the reasonable cost of such care.

SIGNATURE

## PA YOUTH CAMP PAYMENTS

Please check box for camp selection

- Boys & Girls 1 - 6 = \$99.00  
 Boys 7 - 12 = \$145.00     Girls 7 - 12 = \$145.00

All PA Youth Camp registration fees made by check are to be made payable to Keith Fulk Soccer Camps, LLC. Send checks and completed registration forms to:

KEITH FULK SOCCER CAMPS  
600 South Railroad Street  
Myerstown, PA 17067

For PA Youth Camp forms, information and to sign up for the Keith Fulk Soccer Camp email list please go to:

[www.KeithFulkSoccer.com](http://www.KeithFulkSoccer.com)  
Tel: (941) 545-1802

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