LONGHORN SOCCER CAMP

Registration Application

Name _____ First _____ Last

Birth Date _____

Sex ☐ Male ☐ Female

Parent Name _____ First _____ Last

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Email Address _____

Person to contact in case Parent cannot be reached

_____ Name _____ Phone

_____ Family Doctor _____ Phone

Shirt Size

Adult ☐ S ☐ M ☐ L ☐ XL

Youth ☐ M ☐ L

Roommate Preference _____

Which camp are you registering for? _____

Players Program ☐ Overnight ☐ Day

Goalkeepers Program ☐ Overnight ☐ Day

How did you hear about Longhorn Soccer Camp? *(Pick all that apply)*

☐ Attended Before ☐ Heard about it from friend/teammate

☐ Found it online ☐ Got flyer in mail

☐ Saw flyer elsewhere Where? _____

Other _____

By submitting this application, I certify that my son/ daughter is in good health and capable of performing the physical activities associated with the sport of soccer. My child is covered by health insurance and in the event of injury, I authorize the staff of the Longhorn Soccer Camp to seek, at my expense, such medical attention as they may deem appropriate. I release, discharge and hold harmless the LSC and all host facilities from any injuries which may occur to the camper while participating in this camp.

☐ I agree

Please list any allergies or special conditions

_____

_____

☐ I am mailing the deposit

☐ I am mailing the full payment for camp