

2008 MLS CAMP REGISTRATION

Camp Dates: July 14 – July 18

Name:		Age:	
School Grade Next Fall:		Sex:	
		Date of Birth:	
Parent/Guardian Name:			
Address:			
City:		St:	
		Zip:	
Phone:		Phone:	
E-Mail Address:			
Emergency Contact Name:		Phone:	
Family Physician:		Phone:	

This release is made to allow my child to participate in the Major League Soccer Camp. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp.

I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Major League Soccer Camps, Major League Soccer, L.L.C., and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camp.

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.

Parent/Guardian Signature

Date:

EQUIPMENT (check one)

Shirt Size	Ball Size	Mail Completed Registration Form To:			
<input type="checkbox"/> Youth Medium (YM)	<input type="checkbox"/> Size 3	Name	Roxanne Phillips		
<input type="checkbox"/> Youth Large (YL)	<input type="checkbox"/> Size 4	Address	417 Knollwood Drive		
<input type="checkbox"/> Adult Small (AS)	<input type="checkbox"/> Size 5	City	Newbury Park		
<input type="checkbox"/> Adult Medium (AM)		State	CA	Zip	91320
<input type="checkbox"/> Adult Large (AL)		Telephone	805-375-1378		
<input type="checkbox"/> Adult Extra Large (AXL)		Email	phillipsteam@aol.com		

CLUB INFORMATION AND FEES

Name of Club:				
Date Camp Begins:		Time:		
Camp Cost:		Cash / Check:		
Newbury Park Tax ID# 95-6205398	<i>(Pay checks to AYSO 42 Newbury Park)</i>		<i>(check #)</i>	