



Grand Bahama Soccer Camp June 22 - June 26, 2009

Registration Form

Name:	
Address:	
Nationality:	Date of Birth:
Height:	Weight:
Uniform Size: xs sm med lge xlg	Mothers name:
Home Telephone #:	E-mail:
Emergency Contact Person:	
Emergency Contact Person: tel number	
Medical conditions/Allergies:	Yes/No
If so, what are the Medical conditions/Allergies that you suffer?	
Doctor:	Doctors Tel #:
Does your child suffer from any medical condition that could affect his/her health and or participation in the above stated programme? If so, state condition:	
Does your child have any special dietary needs? If so, please advise:	
<p>Disclaimer</p> <p>The undersigned in consideration for participating in the above listed Soccer Camp organised by the The Freeport Football Club at the fields of the YMCA and The Freeport Rugby Club hereby agrees to indemnify the organisers, The Freeport Rugby Football Club, The English Premier League, it's officers, it's players, it's trainers and it's coaches from any and all liability as a result of being injured whilst participating in the above camp. I also certify that the participant is in good mental and physical condition and is healthy to be able to participate in this activity. I acknowledge that I am responsible for furnishing all safeguards and appropriate equipment for protection against injury whilst participating in the above soccer camp.</p> <p>Please confirm that you child can use the swimming pool under supervision without any liability to the organisers</p>	
Parent/Guardian (please print):	Parent/Guardian (Signature):