

Hall of Fame School of Soccer REGISTRATION FORM

2008-9 FEES

Camp Location: _____ Day(s): _____ Time(s): _____ \$180.00 for 15 weeks

Child's Name: _____ Date of birth: _____ School: _____ \$135.00 for 10 weeks

Parent(s): _____; Email Add(s): _____ \$ 75.99 for 5 weeks

Emergency Numbers: _____ \$17.50 for 1 week

LIABILITY RELEASE:

(Children will be dismissed only to parent/s or authorized personnel!)

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I give permission to the physician selected by Coach Edeline, or member of his staff, to secure treatment, including hospitalization, for my child, if need be. In addition, I hereby release and hold harmless Coach Edeline, his staff, and the school, church, organization, or family, involved in hosting or helping; from any and all liability, of every nature pertaining to my child and his/her participation in the soccer program, a sport activity with physical contacts.

Insurance Co.: _____

Policy No.: _____

Policy Holder: _____

Doctor & tels: _____

Authorized Signature: _____ **Current Date** _____

Please, note the following about his/her health, allergies, etc

Coach Georges soccerge@comcast.net; 1057 Hess Dr., Avondale, GA 30002
404-808-6089(c); 404-292-5116(home / Fax) - www.soccerge.net