

APPLICATION FORM/EMERGENCY INFORMATION

Name: _____ Age: _____ Sex: Male Female

Street Address: _____ City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ E-mail: _____

Home Telephone: (____) ____ - _____

Shirt Size- Youth: M L Adult: M L

Team or Club Name: _____ Coach: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

List any special medical information about your child: _____

Waiver: This soccer program is very active and physically demanding. Students should have a recent medical examination certifying that his/her physical ability need not be limited. We promise that accepted methods of instruction and safety will be observed. In return, we ask that parents have adequate accident insurance coverage and agree to relieve Pro Olympic Soccer camp, the instructors, and Soccer Expertize Inc. from liability in case of injury.

**Mail completed application form and check payable to: Soccer Expertize
Po Box 90312
Allentown PA 18109**

Mail in early by May 1st and receive \$5.00 deduction. 2nd child receives a \$10.00 deduction (each child can only receive one deduction totaling \$10.00). Travel team discount: 9 or more players signed as a group by June 1st will receive 10% discount per player.

Signature of Parent/Guardian _____