

Name: _____
Last First Initial Age Date of Birth Grade Going Into

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Name of Emergency Contact Person: _____

Name and Phone No. of Doctor: _____

Name and Phone No. of Dentist: _____

Does the applicant have any known drug allergies? If yes, explain: _____

Does the applicant have a history of any serious accidents, operations, or health conditions? _____

Is the applicant already covered by health insurance? Yes No Policy Number ID Number _____

Name of company issuing insurance: _____

Please check box of camp(s) desired:

Camp I: Grades 1-4, July 5-9 Grades 1-4, July 26-30 Both Weeks: Grades 1-4 H.S Week
 Camp I: Grades 5-10, July 5-9 Grades 5-10, July 26-30 Both Weeks: Grades 5-10 July 26-30

Name of Camper: _____ Height: _____ OFFICE USE ONLY

Adult T-Shirt size requested (Circle One) S - M - L - XL Weight: _____ Deposit: _____

Youth T-Shirt size requested (Circle One) M - L Sex: _____ Balance: _____

(Attention: YOU WILL BE GIVEN THE SIZE SHIRT ORDERED WHETHER IT FITS OR NOT!! ORDER LARGE TO BE SAFE!!)

Number of years playing soccer _____ Position preferred _____

What do you hope to improve the most during camp? _____

A \$50.00 non-refundable (per session) must accompany this application, with the balance to be received: June 15, 2010 for Session I; and July 6, 2010 for Session II. The camp fee covers the cost of the ball and T-Shirt each camper will receive. Please mail this application and deposit (or total payment) to: "RAIDER SOCCER CAMP," 1970 Birch St., Scotch Plains, NJ 07076. Any questions? Call: Tom Breznitsky at (908) 322-6102 or email: raidercamp@verizon.net.

REGISTER EARLY - ENROLLMENT IS LIMITED!

As Parents/Guardians/Legal Representatives of the applicant, we acknowledge that 1. The sport of soccer involves physical contact. 2. There is risk of injury incidental to participation in a soccer skill development program. 3. Certain injuries are common, including contusions, cuts, abrasions, ankle sprains, shoulder sprains and various head injuries. 4. The applicant is aware of the risk of injury when traveling to camp, while pursuing training activities at camp, and when departing from camp. 5. We are assuming the risk and hazards incidental to participation in this soccer skill development program. We waive any claims that we may have against Raider Soccer Camp and its employees and authorized representatives.

Signed: _____ Date: _____