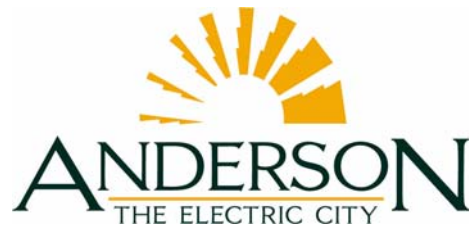


City of Anderson Parks and Recreation
Soccer Camp Form



Date _____

Name _____ Circle
Male Female

Address _____ Zip Code _____

Home Phone Number _____

Parent(s) or Guardian's Name _____

Emergency Contact Person _____

(Phone Number of Emergency Person) _____

Birthdate _____ Current Age _____ Grade Entering _____

Shirt Size (specify youth or adult) _____

List any health problems that we should be aware of:

I hereby release the City of Anderson, the camp instructors, and the Recreation Department from any and all liability from damages arising from injuries received by the foresaid player at the present or which may occur in the future while he/she participates in the soccer camp.

I hereby give my permission and consent to the City of Anderson to take and use photos or videos of myself and/or my dependents while participating in this program. I further give my permission and consent to the City of Anderson to use such photographs or videos for promotions, marketing, or advertising. I agree that there will be no compensation paid for their use.

I agree to instruct my child to respect and obey the instructors and to remain in the Recreation Department at all times during the camp.

Parent or Guardian's Signature

