



# PUSHA Advanced SUMMER SOCCER CAMP 2018

Age Group: \_\_\_\_\_

Office Use only

Player's Last Name: \_\_\_\_\_

Gender:  Male  Female

Player's First Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): MM / DD / YYYY

Are you Playing with another Club (Y/N)? \_\_\_\_\_

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City / Postal Code: \_\_\_\_\_

Parent Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

(Mother / Father) → Circle one

Mother's Name: \_\_\_\_\_

Note: This number will be used for Text message communication

E-mail (Clear CAPITAL Letters): \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Donation for PUSHA Facility:** \_\_\_\_\_ (\$20 to \$100)

Registration fee: \$50 (before April 23<sup>th</sup>, 2018)

**\$30 (Single Mothers)**

**\$60 (Late Registration)**

Note: Fees are non-refundable after Sunday April 29<sup>th</sup>, 2018

**Medication Information** (Please note any allergies and/or conditions that CAMP officials should be aware of):  
\_\_\_\_\_

**Parent Volunteers: If you are willing to volunteer/Coach, please provide information below**

Name (Last, First)	Email Address	Cell Phone	Coach/Assist	Age Group

### Waiver and Release of Liability:

In registering for PUSHA Soccer Camp, I (Parent/Guardian) \_\_\_\_\_ understand and acknowledge that there are risks associated with my children's participation in the camp activities, be it on or off the soccer field, court or gym. I agree to release and hold harmless Punjab United Sports & Heritage Association and its sponsors, organizers, promoters, facilities and all other persons or entities associated with Punjab United Sports & Heritage Association from any and all injury or damage, for any claims or causes of action whatsoever, for any loss or injury suffered by my children. I verify that my son/daughter is physically fit and able to participate in the CAMP activities. I understand that the wearing of shin pads during play is mandatory and agree to be solely responsible for usage during all activities at the camp and the tournament.

Every player and their parent's/guardian's must read this Waiver Form. In signing below each person verifies to have read understand and agree to abide to the Waiver and Release of Liability above and its terms and conditions.

Name of the Parent / Guardian: Last \_\_\_\_\_ ; First \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Date: 2018 / \_\_\_\_ / \_\_\_\_

PUSHA

PAID:

Cash

Cheque

Credit / Debit Card

❖ Payable to: PUSHA

Office Use Only:

UNPAID

[Reason for Not Paying \_\_\_\_\_ ] Initial \_\_\_\_\_