



PUSHA Advanced SUMMER SOCCER CAMP 2022

(Building leaders for tomorrow)



Player's Last Name: _____ [Register up to **three** same Family Children's together]

1st Player's First Name: _____ Male Female Date of Birth: _____ / ____ / ____
 Month / Day / Year

2nd Player's First Name: _____ Male Female Date of Birth: _____ / ____ / ____
 Month / Day / Year

3rd Player's First Name: _____ Male Female Date of Birth: _____ / ____ / ____
 Month / Day / Year

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: **\$60/per player** (before April 24th, 2022)
Note: \$30 (Single Mothers) \$70 (Late Registration)
Note: Fees are non-refundable after Sunday Apr 3rd, 2022

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:** _____ / ____ / ____
 Month / Day / Year

PUSHA Office Use Only: PAID: Cash Cheque Credit / Debit Card
 UNPAID: [Reason for Not Paying _____] **Initial** _____

Payable to: PUSHA