



AYSO Residential Camp Registration Form

This form confirms my intention to attend the AYSO Residential Camp at Trinity International University:

Trinity International University, Deerfield, IL

July 12 – 17, 2015

Enclosed is the registration fee. We accept credit, money orders, or checks made out to AYSO. Please fax/mail the registration form with payment to:

Fax: (310) 525-1155

Mail: AYSO Soccer Camps Attention: Zach Stiffel
19750 S. Vermont Ave., Suite 200 Torrance, CA 90502

Participant Name (Last/First):	Gender:	Date of Birth:
Address:	Parent Email Address:	
City/State/Zip:	Shirt Size: (Chose one) YM, YL, AS, AM, AL, AXL	
Does the applicant have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes/ No If "Yes," please identify any conditions below:		

Emergency Authorization: I, the undersigned parent or legal guardian of the Applicant, a minor, hereby authorizes the coaches acting in the capacity of activity supervisors/drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment of the Applicant. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached by phone, please contact:

Father/Guardian:	Mother/Guardian:
Phone Number:	Phone Number:
Name of Medical Insurance:	Emergency Contact: Phone Number:

Waiver of Liability and Disclaimer: I, the parent/guardian of the Applicant, acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for AYSO's acceptance of my proposed registration form for the Applicant, requesting the Applicant's voluntary participation in the AYSO Residential Camp. I hereby release, discharge and hold harmless AYSO, and each of its employees and other representatives from any and all future legal claims arising out of the Applicant's participation in the AYSO Residential Camp, including claims based on physical injury allegedly caused by the negligence of any coach during the camp.

Signature of Parent/Guardian:	Date:
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PAYMENT OPTIONS: (Choose one) MasterCard Visa Money Order

Name on Card:	Amount: (Regular Registration)	
Card Number:	Expiration Date:	CCV2/CVS#:
Billing Address:	City/State/Zip	
Signature:	Date:	