

Enrique's Soccer Camp

Registration Form

Camper's Name _____ Date of Birth _____

Name of Parents _____

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____

Years of soccer experience _____ Camp dates desired _____

I hereby authorize the staff at the Enrique's Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Camp from any and all liability for any injuries or illnesses incurred while at Camp.

Parent or Guardian's

Signature _____ Date _____

Send registration form and check payable to:

**Enrique Garcia
1006 Gallery Ct.
San Diego, CA. 92114**