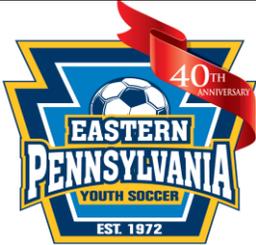




Mail to:
Soccer Start Camp
PPR Sports & Athletics
1515 Arch St. 10th Floor
Phila., PA 19102-1587



**EASTERN PENNSYLVANIA YOUTH SOCCER AND
 PHILADELPHIA PARKS & RECREATION PRESENT**

Soccer Start Camp - 2014

**MONEY
 ORDERS
 ONLY**

MONDAY JUNE 23 TO FRIDAY JUNE 27

**MONEY
 ORDERS
 ONLY**

CAMP FEE MUST ACCOMPANY APPLICATION
MAKE MONEY ORDER FOR \$30.00 PAYABLE TO:
CITYWIDE SPORTS ATHLETIC ASSOCIATION
PLEASE PRINT

NAME OF CAMPER _____
 ADDRESS _____
 PHONE NUMBER _____
 AGE _____ SEX _____ DATE OF BIRTH _____

MEDICAL INFORMATION: List any medical condition your child is being treated for and any medications your child takes or needs:

Official Use Only
MON _____
TUE _____
WED _____
THR _____
FRI _____

EMERGENCY INFORMATION: In the event of an emergency, please provide the following information:

CONTACT _____ RELATIONSHIP TO CAMPER _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

In the event we cannot reach the above listed person, please list an alternate person.

NAME _____ RELATIONSHIP TO CAMPER _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

WAIVER: The Soccer Start Camp Program is very active, and physically demanding. Campers should have a recent medical examination certifying that his/her physical activity need not be limited. Campers assume any and all risks associated with the activity including, but not limited to falls, contact with other participants, heat and humidity, and condition of fields, all such risks being known and appreciated by me. I hereby release Philadelphia Parks & Recreation and Eastern Pennsylvania Youth Soccer, all coaches, administrators, sponsors, agents, volunteers, and anyone acting on their behalf for any and all claims of liability.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____