

La Verne Summer Camp Application

Name: _____ Phone: Home:() ____ - _____
Address: _____ Work:() ____ - _____
City, Zip: _____
Email: _____ T-Shirt Size: _____

I hereby authorize the directors of La Verne Soccer Camp to act for me accordingly to their best judgement in any emergency requiring medical attention and also waive and release the La Verne Lazer Soccer Camp from any and all liability for all injuries or illness that may occur while at camp.

Signature of Parent/Guardian

Date

For more info call: George Sipa 626-203-7752

Please bring form to any training session or clinic.