



2010 Oak Ridge Lady Wildcat Summer Youth Soccer Camp Application



LAST Name _____ FIRST Name _____ Nickname _____

Date of Birth _____ Age _____ Grade Next Fall _____ School _____

Current Team (if applicable) _____ Field Player _____ Goalkeeper _____

Address _____

City _____ State _____ Zip _____

Parent(s)/Guardian(s) _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Email _____ T-Shirt Size ___YM ___YL ___AS ___AM ___AL ___AXL

In an emergency, if parents cannot be contacted, please contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance Company Name & Policy Information

Family Doctor _____ Phone _____

Known Allergies _____

Does your child have asthma _____ or diabetes _____?

List of medications currently taken _____

I, as a parent or guardian, authorize first aid or any emergency medical care that may become necessary for my child while he or she is enrolled in the Lady Wildcat Youth Soccer Camp. In consideration of acceptance of my child's administrators and personal representatives, discharge, waive, and release the Lady Wildcat Youth Camp, its parents, and employees, as well as the facilities in which injury or death, which my child or I may have virtue of arising in connection with his or her participation in the Lady Wildcat Soccer Camp. By executing this document I hereby assume, on behalf of my child, all risk of injury or loss to which he or she may be exposed. I also give permission for the free use of my child's name, picture, and likeness in any article, broadcast or other account of the Lady Wildcat, including, but not limited to promotion of future events or other promotional use.

Parent or Guardian Signature _____ **Date** _____

Camp Dates: August 2-6, 2010; 5:30-8:30 PM

Camp Fee: \$50 per camper

Campers will receive a free t-shirt. Camp check in will begin at 4:45 on Monday, August 2 at the Oak Ridge High School Soccer field located at 127 Providence Road.

Please make check payable to **Lady Wildcats**
Mail completed application form(s) and check to
Bonnie Angelo
129 Nebraska Avenue
Oak Ridge, TN 37830
Phone: (865) 482-9588
Email: ladywildcatsoccer@comcast.net