

Last Name:

[Grid for last name]

First Name:

[Grid for first name]

Birthdate:

[Month]

[Day]

[Year]

Male:

Female:

Month

Day

Year

Address:

[Grid for address]

City:

[Grid for city]

Zip:

[Grid for zip]

Phone:

[Grid for phone]

# CONCORDE • FIRE

## 2010 Summer Camps-NORTH

### Registration Form

Mike Gailey, North Program Director

770 875 6929

### AGE GROUPS

U6  U7  U8  U9  U10  U11  U12  U13  U14

May Camp \$45 /camper  Summer Camp \$150 or \$40/ day

Primary Contact Name:

E-Mail: Please furnish as most correspondence is by e-mail.

Cell #:

Alternate Contact Name:

E-Mail: Please furnish as most correspondence is by e-mail.

Cell #:

### CAMP INFORMATION

#### May Development Camp

Monday, May 24 – Wednesday, May 26

6:30pm—8:00pm - Current U7 - U14 Boys and Girls—**Submit by Monday, May 17**

#### Summer Camp

Monday, August 16 – Friday, August 20

9:00am– Noon Current U6 to U14 Boys and Girls—**Submit by Monday, August 9**

**Camp Location:** John's Creek United Methodist Church, 11180 Medlock Bridge Road, Duluth, GA 30097-1532  
**Bring your soccer ball, water and sun screen.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical/Other Info \_\_\_\_\_

Visa MasterCard AMX Amt to be Charged: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Name on the Card: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby give approval for the participation of my child in any and all GSSA and affiliated associations or league activities and I assume all risk and hazards incident to such participation, including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the GSSA and affiliated association league, the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to my child. No Refunds will be given.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fax completed form to: 404 420 2930 - Concorde Fire Soccer