

Camp Registration Form

Athlete's Name _____ DOB _____

Parent(s) _____

Address _____

City _____ State _____ Zip _____

Home # _____ Emergency # _____ Email _____

Please check which session you will be attending:

2010 Camps

- | | |
|--|---|
| <input type="checkbox"/> March
FAST Camp – March 15th – 19th, 10:00 – 11:30 am, Fee \$100 | <input type="checkbox"/> Soccer Speed Camp – March 15th – 19th, 2:00 – 3:30 pm, Fee \$100 |
| <input type="checkbox"/> June
FAST Camp – June 7th – 11th, 10:00 – 11:30 am, Fee \$100 | <input type="checkbox"/> Soccer Speed Camp – June 7th – 11th, 2:00 – 3:30 pm, Fee \$100 |
| <input type="checkbox"/> July
FAST Camp – July 12th – 16th, 10:00 – 11:30 am, Fee \$100 | <input type="checkbox"/> Soccer Speed Camp – July 12th – 16th, 2:00 – 3:30 pm, Fee \$100 |
| <input type="checkbox"/> August
FAST Camp – August 2nd – 6th, 10:00 – 11:30 am, Fee \$100 | <input type="checkbox"/> Soccer Speed Camp – August 2nd – 6th, 2:00 – 3:30 pm, Fee \$100 |
| <input type="checkbox"/> October
FAST Camp – October 18th – 21st, 6:00 – 7:30 pm, Fee \$80 | |
| <input type="checkbox"/> December
FAST Camp – December 27th – 31st, 10:00 – 11:30 am, Fee \$100 | <input type="checkbox"/> Soccer Speed Camp – December 27th – 31st, 2:00 – 3:30 pm, Fee \$100 |

Please check your preferred method of payment: Credit Card Check

Please make checks payable to: **KC Sport Speed**

Check Card Type: Visa Mastercard Discover

Card # _____

Expiration Date: _____

Mail a printed copy with payment to: **KC Sport Speed • 8875 Rosehill Rd • Lenexa, KS 66215.**

KC Sport Speed Program Disclosure

As the athlete or parent/legal guardian of the athlete named above, I hereby give my full consent and approval to participate in a Training Program at KC Sport Speed.

I understand that there are certain risks inherent in participating in Training Programs and I am willing to assume these risks on behalf of myself or my child. I hereby certify that I/my child am/is capable of participating and that I/my child am/is healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my/my child's participation, I do hereby waive, release and hold harmless KC Sport Speed, its owners, instructors, supervisors and representatives for any injury that I/my child may suffer in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

I understand that, occasionally, KC Sport Speed will take pictures of athletes during the course of a Training Session to use in promotional materials. I authorize KC Sport Speed to take photographs and to use, at its discretion, any photographs taken and waive any and all claims resulting from any such photographs or reproductions.

PARTICIPANTS SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE: _____