

REGISTRATION FORM

Please complete and mail with a \$50.00 NON-REFUNDABLE deposit to:

North Wildwood Rec. Dept
Soccer Camp
900 Central Ave
North Wildwood, NJ 08260

Make Check Payable to:
North Wildwood Recreation Dept.
(a \$20.00 fee charge on all returned checks)

Deposit -	_____
Balance -	_____
Discount -	_____
Check # _____	Receipt # _____
Check # _____	Receipt # _____
Date -	Staff Initials -

Name _____
DOB _____ Age _____ (Circle) M / F Rising Grade _____ Email _____
Last Middle Initial First

Home Address _____ Summer Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Parent/Guardian Names _____
House Phone _____ Cell Phone #1 _____ Cell Phone #2 _____
Emergency Contact Person (if parent cannot be reached) _____
Phone _____ Relationship _____

Check Appropriate Boxes:

- July 9th – 13th Full Day (ages 8-15) \$200.00 Half Day (ages 5-8) \$160.00 Field Player Goalie
 July 23th – 27th Full Day (ages 8-15) \$200.00 Half Day (ages 5-8) \$160.00 Field Player Goalie

(FOR IMMEDIATE FAMILY ONLY)

Discount - Sibling Name(s): _____
1st Child - Full Price; 2nd Child - \$20.00 Off; 3rd Child and Each Additional Child - \$40.00 Off

Please circle
How did you hear about us: Brochure Social Media Website Friend/Teammate Poster/Sign Past Camper Other
T-Shirt Size: (Circle One) Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL

PARENT CONSENT/HEALTH HISTORY

I/we the undersigned hereby certify that I/we are the parent(s) or legal guardian(s) of the child named above. I/we hereby acknowledge that he/she is physically fit, age appropriate, mentally capable, and medically qualified to participate in soccer camp activities. I/we understand that soccer is an active sport and that injuries can occur. I/we understand that every effort will be made to contact me/us in the case of an emergency concerning my/our child. However, if I/we cannot be reached and/ or if time is of the essence, I/we hereby give permission for the camp staff to seek appropriate medical attention to be given to and received by my/our child in the event of an accident, injury, or illness during the period of camp, should it be deemed necessary. I/we the undersigned for my/ourselves, my/our heirs, executors, and administrators waive, release, and forever discharge North Wildwood Soccer Camp, the City of North Wildwood, the North Wildwood Community Center, its staff/counselors, volunteers, and employees from all rights claims, damages, injury, or loss to person or property which may be sustained or incurred during participation in soccer camp activities.

I give permission for the City of North Wildwood/North Wildwood Soccer Camp to publish photographs for advertising, publication, and social media purposes.

Signature of Parent/Guardian _____ Date _____

I/we confirm the following information about my/our child:

Allergies (food, drugs, asthma, etc)	Y	N	Any Other Condition	Y	N
Fractures or other Injuries	Y	N	Medical conditions	Y	N
Contact lenses or Glasses (specify)	Y	N	Birth Deformities (1 eye, 1 kidney, etc)	Y	N

If "YES", please give details (use other side if necessary) _____

Name of child's physician _____ Phone _____
Physician's Address _____
Name of Insurance Company _____
Policy # _____ Policy Holder _____