



Please fill out this form and hand it in to the coach at the field on the first day of camp

Child's Name			
Parent's Name			
Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl		
Address			
City		Postal Code	
Phone		Emergency Phone	
Email			
Special instructions / medical conditions			
Please register me for the:	<input type="checkbox"/> Player Development Program <input type="checkbox"/> Team Building Program <input type="checkbox"/> Summer Camps Program <input type="checkbox"/> Spring Camps		
T-SHIRT SIZE	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Consent and Waiver			
The registered participant and parents/coaches hereby agree that Star Soccer Vancouver will not be held responsible for any accidents or any loss, however caused, and agree to release all instructors, staff and sponsors from all claims or damages which may arise as a result of such accidents or loss.			
Signature of Parent/Guardian		Date	
Photo Release – Children under 18			
As the legal guardian of the child indicated in this registration and permission form, I grant Star Soccer Vancouver the right to record or transfer his or her image to flyers, posters, film, or other formats for instructional, promotional and educational purposes.			
Signature of Parent/Guardian		Date	