

Application

Detach & mail w/ fee to:
NTSC Soccer Camp
c/o Brent Snow
117 Marvin Ln
King, NC 27028

Player's Name _____ Age _____

Boy _____ Girl _____ #of Seasons Played _____ DOB _____

Street Address or PO Box _____

City _____ State _____ Zip Code _____

Parent's Name _____

Evening Ph. # _____ Day Ph. # _____

E-mail address _____

Alternate Day Emergency Contact Info:

Name _____ Ph. # _____

Circle T-Shirt Size: Youth M Youth L Adult S Adult M Adult L Adult XL
(80/90 Pounds)

*Checks can be made to: **96G NTSC Spirits**

List any allergies _____

List any medication taken at this time _____

I the undersigned hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek appropriate medical attention for the camper, for the medical attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy. I, the undersigned for ourselves, our heirs, executors and administrators waive, release, and forever discharge the Wildcat Soccer Camp and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in camp activities or while at camp. I hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

Parent/Legal Guardian Signature _____

Date _____

Camper's Insurance Company _____

Policy Holder _____

Policy # _____

Special Remarks: _____



A SPECIAL THANKS...

...to the members of the NTSC for providing such valuable opportunities for our youth to play soccer.

...to the coaches, parents, and volunteers that support soccer in our area.



King Elementary School

June 15-19

