



Mail this form with check  
 to: El Paso Patriots / Camps  
 6941 Industrial  
 El Paso TX, 79915

## 2008 Summer Soccer Camps – Registration & Release Form

Player's Name \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 City & State \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Select Camp

Camp	Dates	Times	Total Camp Fee	Deposit
Boys & Girls (ages 5-11)	June 9 -12	9 a.m. to 12 p.m.	\$100 (\$75 if paid by 06/01/08) \$60 Patriot Academy Members	\$25
Premier Goal Keepers	June 16-19	9 a.m. to 12 p.m.	\$100 (\$75 if paid by 06/01/08) \$60 Patriot Academy Members	\$25
Boys & Girls (ages 5-11)	June 30 - July 3	9 a.m. to 12 p.m.	\$100 (\$75 if paid by 06/01/08) \$60 Patriot Academy Members	\$25
Girls Skills Camp (ages 8-17)	(June 30, July 1-3, July 7-10)	5 p.m. to 7 p.m.	\$120 (\$100 if paid by 06/15/08) \$100 Patriot Academy Members	\$25
Premier Boys & Girls (ages 12-18)	July 7 – 10	9 a.m. to 12 p.m.	\$100(\$75 if paid by 06/15/08) \$60 Patriot Academy Members	\$25

(Check or money order payable to **El Paso Patriots. No pro-rated daily payments \*No refunds**)

### Liability Release and Medical Authorization

The above named camper is in good health and has my permission to participate in the El Paso Patriots Soccer Camp. In case of emergency, I grant permission for my child or ward to receive emergency treatment. In consideration of acceptance of my child or ward to the El Paso Patriots Soccer Camp, I hereby, for myself and my child or ward, release the El Paso Patriots Soccer Camp, its affiliates and all of its respective coaches, employees, officers, directors, agents, officials, volunteers, sponsors and owners of the facility from and against any liability claims or demands for an injury, illness or death incurred at or arising by virtue of participation in the El Paso Patriots Soccer Camp. I also hereby, for myself and my child or ward, assume complete financial responsibility for any personal injury or property damage created as a result of an intentional or negligent act of my child or ward while he or she is participating in the El Paso Patriots Soccer Camp. ***As Parent or Guardian, I acknowledge that I have read and fully understand this liability release and medical authorization.***

Printed Name \_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_