

**Gold & Goal Soccer Camp**  
**July 20-23**  
**9:00am - 1:00pm**  
**Seneca High School, Tabernacle NJ**  
**REGISTRATION FORM**

**PARTICIPANT INFORMATION** (Please type or print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Fall 2020 Grade: \_\_\_\_\_ T-Shirt Size:  YS  YM  YL

School: \_\_\_\_\_ Goalkeeper Training?  Y  N  AS  AM  AL

**PARENT / GUARDIAN INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies / Medications: \_\_\_\_\_

Is your child on any medication?  No  Yes If Yes, please specify: \_\_\_\_\_

**PAYMENT INFORMATION**

You may register and pay online using PayPal at **goldandgoal.com** (A 3% convenience charge will be applied for online payment). PayPal offers the convenience of direct deposits from your checking account or use of any major credit card. If you prefer, you may mail this completed registration form along with a check made payable to:

MA Athletics, LLC  
30 Isabelle Court  
Marlton, NJ 08053

Payment in full is due at time of application  
All returned checks will be assessed a \$25 additional charge

REFUND POLICY: A \$50 non-refundable administrative fee will be applied per camper.

Contact Information: For additional information, please contact: Camp Director Matt Abate 609-678-6407

## RELEASE STATEMENTS

I, \_\_\_\_\_ (parent/guardian), give my child, \_\_\_\_\_, permission to participate in the Gold & Goal Soccer Camp operated by MA Athletics, LLC. I have no knowledge of any physical or mental impairment that would affect this camper from participating in the camp's program. I give permission for my child to be given emergency treatment at a local hospital if deemed necessary. Upon signing, I agree that in case of an accident while in the Gold & Goal Soccer Camp, I accept full responsibility for any and all liabilities, and release MA Athletics, LLC, the camp directors, instructors, Seneca High School, Lenape Regional High School District and/or any recreational facilities that may be used for camp from any liability. I hereby, by signature, acknowledge reading and understanding the terms of this agreement and verify that my child is physically fit to participate in this event.

I also agree not to hold MA Athletics, LLC, responsible in the event that my child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior, etc.) or becomes involved in any activity with any persons not associated with MA Athletics, LLC, or its scheduled program. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

I hereby give permission for my child's picture to be used by MA Athletics, LLC, for any educational or promotional purposes.

**Signature of Parent / Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_