

Gold & Goal Soccer Camp
July 15-18
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 2019 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: _____