2009 Summer Soccer Camp

CONDUCTED BY: AKRON METRO FUTBOL CLUB

REGISTRATION FORM

When	June 8th-12th	U8 - U11
	June 15th-19th	U12 - U14
	June 22nd-26th	2nd week or alternate week for schedule conflicts – ALL PLAYERS
Time	9:00 – 3:00 (all players should bring a lunch daily)	
Place	Greenleaf Park, 1674 S. Medina Line Rd, Sharon Center 44274	
Cost	$100/week or $180/two weeks (Age appropriate and June 22nd-26th)	

Questions? Contact secretary@akronmetrofc.org
Submit Form Below and Check Made Payable To: AMFC, PO Box 26971 Akron, Ohio 44319

Please Print AMFC 2009 Summer Camp

Name Date of Birth / /
First MI Last MM DD YYYY

Home Address
Street City State Zip

Parent(s) Name Phone/Cell: ( )

Camp Date & Age Group: T-Shirt Size (Youth M, L or Adult S, M, L, XL)
Circle One

Informed Consent Form

The camp participant is in good health and has my permission to participate in camp activities. In event of emergency, I hereby give permission to the physician selected by the camp director to secure proper medical treatment for the participant. My child and I are aware that participating in soccer is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this informed consent form and agree to its conditions on behalf of my child.

Signature of Parent or Guardian **Date** **Print Name of Parent or Guardian and Relationship**