



Cleat Soccer Camp August 1-5, 2022 Parent/Guardian Consent & Release Form

I, on behalf of my child, do hereby release, discharge, and agree to hold harmless, the church directors, leaders, employees, and agents thereof, from any and all liability. Further, I authorize and permission is hereby given to CLEAT Soccer Camp (Living Hope Church) leaders to furnish transportation for my youth. I give my permission to the church or leaders to take my youth to a doctor or hospital to obtain medical treatment including any emergencies, and I assume the responsibility of all medical costs, if any. I, also, give my permission for any church leader to administer Tylenol, Benadryl, or Ibuprofen to my youth, if needed, and no allergy is noted. I understand that the church leaders will make every attempt to reach me as soon as possible, if an incident occurs. **HB 1824 Compliance Statement:** I have been provided with information on **concussions in youth sports**. I understand that if the player is suspected of a Head injury or Concussion, the player will be removed from play. The player will be kept from play until given permission to return to play by a health care provider.

(For more information: www.cdc.gov/headsup/youthsports/parents.html)

I, also, give permission for Living Hope Church to use my child's picture image in the following purposes: on Living Hope Church's website to accompany Cleat Soccer Camp promotion and in other web based or printed material to help publicize Living Hope Church's Cleat Soccer Camp.

Name of Child: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Phone #: Home: _____

Work: _____

Cell: _____

Alternate person to Contact: _____

Phone #: Home: _____

Cell: _____

Relationship to youth: _____

Emergency Information:

Allergies or conditions: _____

Date of Last Tetanus: _____

Other concern: _____

Contact lenses: _____

Current Medications:

Prescription Drugs: _____

Over-the-counter Drugs: _____

Family Physician: _____

Phone #: _____

Family Dentist: _____

Phone #: _____

Health Insurance Carrier: _____

Policy #: _____

Date: _____

Parent/Guardian Signature



Cleat Soccer Camp August 1-5, 2022 REGISTRATION FORM

Please complete the following information for CLEAT Soccer Camp 2022.

Camp Dates: August 1-5, 2022

K-6th (8:45am to 11:30am)

7th-12th (12:30-3:15pm)

Note: *Basic Camp begins Monday August 1 with an early check-in at 8:45am for K-6th
Advanced Camp begins Monday August 1 with check-in at 12:30 for 7th-12th*

Registration Fee: (Must be Postmarked)

Early Bird Registration (before June 24th, 2022) **\$60.00**

Mail In Registration (ends July 25th, 2022) **\$65.00**

Walk On Registration (on August 1st, 2022) **\$70.00**

Player First Name: _____

Player Last Name: _____

Date of Birth (MM/DD/YYYY): _____ **Male:** ___ **Female:** ___

Program: (Circle one)

School Grade (Fall of 2022): -K -1st -2nd -3rd -4th -5th -6th

School Grade (Fall of 2022): -7th -8th -9th -10th -11th -12th

Skill Level (Years Played): _____

Shirt Size: (please select one) **Youth:** -S (6-8) -M (10-12) -L (14-16)

Adult: -Small -Medium -Large

Parents Name: _____

Phone: _____

E-mail for Confirmation: _____

Please fill out this form AND the Parent Release form and take or mail to church office.

Mail to: Living Hope Church
P.O. Box 908
Port Orchard, WA 98366
(360) 876-2333