


**Total Soccer Academy Camp for Shaker High School Women's Team July 20-24, 2009**

**Please complete this form and return with signature and Camp FEE of \$155 (Check payable to Total Soccer Academy). All items must be completed before sending in form.**

**Mail to: Paul Driesen, 336 Wilmington Drive, Broadview Heights, Ohio 44147**

<b>REGISTRATION FORM</b>	
Player's Name	Parents Name
Player's Date of Birth	Address
Grade entering fall '09	Email Address
Positions played	Telephone Cell Phone
Middle School Team?	Premier Team?
Travel Team?	High School Team?
	

**EMERGENCY MEDICAL INFORMATION**

Player's Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Known allergies, including allergies to medicine \_\_\_\_\_

Any Medical Problems \_\_\_\_\_

Medicines Taken Regularly \_\_\_\_\_

Emergency Contact Information –Daytime and Evening \_\_\_\_\_

**DISCLAIMER**

Total Soccer Academy is not responsible for any injury or death to any person suffered while participating in or in any way involved in the Total Soccer Academy, including negligence on the part of Total Soccer Academy, Its trustees, officers and coaches.

**PARENT/GUARDIAN AUTHORIZATION**

I verify that my child has been checked by a licensed physician prior to attending the Total Soccer Academy and is physically able to participate fully. I agree to allow my child to be treated by a licensed trainer and or physician while attending the Academy, and assume all risks resulting from the participation in all activities of the Academy. I agree to hold harmless the Total Soccer Academy, Its trustees, officers and coaches of any and all liability actions, courses of action, claims and demands of every kind and nature whatsoever, which may arise in connection with or resulting from my child participating in any of the Academy activities.

If there are any medical, psychological or pharmacological conditions that would preclude this person from fully participating in all activities at the Total Soccer Academy, please specify inhibiting condition(s):

Parent/Legal Guardian  
Signature/Date \_\_\_\_\_

Parent/Legal Guardian Name (please print) \_\_\_\_\_

Medical Insurance Co. and  
Policy# \_\_\_\_\_

\_\_\_\_\_ We do not carry Medical Insurance.

**QUESTIONS? Please Contact:** Paul Driesen: DriesenTSA@cox.net