



WILDFIRE Soccer Camp 2010



Camper's Name: _____

Address: _____

Address: _____

Parent's Name: _____

Email: _____

Phone Number: _____
(home, work, or cell)

Age as of July 31, 2010: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Please list any known allergies or injuries:

T-shirt size: XS S M L XL Youth or Adult

Years Played Soccer: _____

I, the parent/ guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Walterboro Soccer Club. Recognizing the possibility of injury associated with soccer, I hereby release, discharge and otherwise indemnify the Walterboro Soccer Club, and any associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in this Program. I also hereby give my consent for emergency medical care by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of registrant.

Signature of Parent or Legal Guardian:

Date: _____

Fees: \$45 per child by July 17, 2010
\$50 after July 17, 2010.

Make checks payable to **WSC**
Mail to: **WSC, PO Box 2357,**
Walterboro, SC 29488

Club Use Only

Paid: _____