



Mutiny FC

Annual Summer Camp 2010 Registration Form

Name of Participant / Player _____ Age: _____

Participant / Player DOB: _____ Male Female Grade Level: _____

Parent or Guardian _____

Address _____

City _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School Name: _____

Soccer Association: _____ Recreation Competitive Academy

Where did you get this registration form? _____

Soccer Coach (Name -Team Name): _____

WYSA: _____ School _____ Other: _____

CAMP FEES - PLEASE CHOOSE THOSE THAT APPLY.

\$55 Early Registration / per person – must be post-marked by May 25th, 2010

\$65 Walk Up Registration / per person

\$350 Team Registration – Total number of players should be 10.

Amount Enclosed \$ _____ Check #(s) _____

T-SHIRT SIZE (PLEASE PICK YOUR PLAYERS SIZE)

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

MAIL REGISTRATION TO: Make checks payable to Mutiny FC

PLEASE INCLUDE: State, Drivers License number, phone number, player name and DOB on the check.

Mutiny FC Annual Summer Camp

P.O. Box 997

Wylie, Texas 75098

Thank You

WAIVER OF LIABILITY

In consideration for the acceptance of this application for registration, I, intending to be legally bound, here by for myself, my heirs, executors, and administrators waive and release any and all damages I may have against Mutiny FC or its representatives and/or assignees for any and all damages which may be sustained and suffered by me in connection with my association with or entry in this clinic, and which may arise out of my traveling to, participation in, or returning from this clinic.

Signature of Parent/Guardian

Date