



CHECK MADE PAYABLE TO:
Go For Goal Soccer Camps



MAIL TO:
519 W. LEMON AVE,
MONROVIA, CA 91016
sal@ibap.net or (626) 422-6480

REGISTRATION and MEDICAL WAIVER

Information provided below will be used to assist your child in case of medical care or emergency.

Form fields for personal information: Last Name, First Name, Age, Gender, Social Security Number, Birth Date, Parent/Guardian, Address, City, State, Zip, Home Number, Work / Cell Number, Emergency Contact, Relationship, Emergency Contact Number, Emergency Contact Alt. Number, Health Care Carrier, Telephone Number, Name of Member, Policy/Group Number, Family Physician, Family Dentist, Physician Telephone, Dentist Telephone.

MEDICAL RELEASE INFORMATION (Please note that medication must be in original container with label intact.)
Type of Medication
How to Administer
Purpose of Medication
Other Comments

PARENT/GUARDIAN AUTHORIZATION

The information stated above is correct as far as I know, and the individual herein described as "Player/Camper" has permission to participate in all camp activities except as noted. I hereby give permission to the medical personnel selected by GO FOR GOAL Camp Staff to order X-rays, routine tests, treatment, and necessary transportation for the above named "Player/Camper" in the event that I cannot be reached in an emergency. I hereby grant permission to the medical personnel selected by GO FOR GOAL to secure and administer treatment including hospitalization for the above named "Player/Camper". I FURTHER UNDERSTAND THAT IF I DO NOT HAVE MEDICAL INSURANCE, I WILL BE RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED.

Signature lines for Name of Participant, Name of Parent or Legal Guardian, Signature of Participant, Signature of Parent or Legal Guardian.

Shirt Size S M L XL XXL

PAYMENT METHOD

- Player Fee \$150.00 After July 23, 2010
Player Fee w/Discount \$125.00 Due before July 23, 2010 (Does not apply for full day)
Full Day 8am - 2pm \$200

Checks payable to: Go For Goal Check Number Amount

REFUND POLICY

Campers unable to attend camp are entitled to a refund. A \$55 administrative fee will be deducted from all refunds regardless of the reason. Refund requests must be received in writing no later than one week PRIOR to the first day of the camp session in which the camper was originally enrolled. No refunds for any reason (i.e. injury, illness) will be given once camper is on campgrounds. Email Salvador Lopez at sal@ibap.net.

Signature lines for Signature of Participant, Signature of Parent

