

**POST2POST SOCCER CAMP  
REGISTRATION FORM**

name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_

state/zip \_\_\_\_\_

birth date \_\_\_\_\_

current grade \_\_\_\_\_

parent phone (day) \_\_\_\_\_

parent phone (night) \_\_\_\_\_

parent phone (cell) \_\_\_\_\_

parents' email \_\_\_\_\_

**Important 2017 Camp Information**

**Dates:** \_\_\_ May30-June 2(GK Camp, Ages 9-14)  
\_\_\_ July 24-27 (Day Camp, Ages 6-14)

**Times:** 9am - 3pm

**Ages:** Boys and Girls ages 9-14 (GK Camp)  
Boys and Girls ages 6-14 (Day Camp)

**Price:** \$195.00 per camper/camp

**Where:** Badger Fields  
5459 E. Main Street  
Carmel, IN 46033  
(Carmel Dads' Club Fields)

\*Full payment must be made with registration.

\*Make checks payable to **Post2Post Soccer**

\*Refunds are handled on an individual basis. Some fees are NON-REFUNDABLE.

**\*\*\*Register Online\*\*\***

**www.post2postsoccer.com**

OR

Mail registration form to:

Post2Post Soccer

8409 Edwood Road, Pittsburgh, PA 15237

**MEDICAL RELEASE AND WAIVER**

I certify that my son/daughter has permission to participate in the Post2Post Soccer Camp.

He/she has been examined by a doctor in the last year and is cleared to play soccer.

I have health insurance.

In the event of an injury I wish to be contacted before treatment. If I cannot be contacted and my son/daughter requires immediate treatment, I authorize Post2Post Soccer Camp, its camp directors, or other agents to obtain reasonable emergency treatment.

I also acknowledge that there is an element of risk in any activity. I absolve Post2Post Soccer Camp, its camp directors and their agents of any liability or judgments which are a direct result of my son/daughter's misconduct or negligence.

I have read and understand this waiver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy Number

**Post2Post**