



Italian Soccer Camp Registration Form

205 Lewey Brook Drive
Cary, NC 27519
(919) 637-4000

Last Name: Male Female

First Name: Age:

DOB (mm/dd/yyyy):

T/Shirt Size: YS YM YL YXL

 AS AM AL AXL

Player's Level of play: Recreation: Challenge:..... Classic: ODP:.....

Current Club/Team, if any:

Parent's Name:

Address: City: Zip Code:

Home Phone: Dad's Cell: Mom's Cell:

Email Address:

Please, check any or all of the sessions you wish to register your player for:

Full Day Half Day Early drop - off Late pick - up

2SA Policies & Disclaimer

My initials and signature is an act that I completely understood and agreed to the following and I take total responsibility for communicating this policies/disclaimer to my player(s).

I/We, the undersigned hereby certify that I/we are the parent of the camper. I/we hereby give permission to the staff of the 2SA camp to seek appropriate medical attention for my camper and for the medical; attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness during the period of the camp. I/we will be responsible for any and all the cost of the medical attention and treatment.

Initials here:

Deposit/Payment: Deposit and all other payments are non-refundable. However, should a session or camp registered for, be cancelled by the 2.S.A management for some reasons, your player will be given the opportunity to participate in the next academy session or camp without a new payment.

Initials here:

Training/Academy Forfeits: The 2.S.A will not take responsibility for a player’s failure to attend a camp, training session or the entire academy session already paid for.

Initials here:

I/we the undersigned, hereby certify that I/we are the parent or legal guardian of the participant (player). I/we understand the nature of **(please note that soccer is a sport that involves physical activities and, that players can sustain injuries during play)** the 2.S.A training/camp programs and believe my/our player is in good health condition.

I/we also understand that my/our player is in proper physical condition to participate in the 2.S.A training program. I hereby waive, release, covenant and forever discharge and hold harmless Shalom Soccer Academy and owners of camp/training facility, her staff, officers, agents, employees, representatives, volunteers and assigns from any and all liability, claims, actions, demands, and reasons of actions no matter what arose from or related to any loss, personal injury, or property damage the may be sustained or occur during the player’s participation in any 2.S.A training program.

I agree to release any photo taken of my player at the 2.S.A program for present and future marketing of the 2.S.A

SIGNATURE: *DATE:*