



# SOCCER CAMP

STO:LO TRIBAL COUNCIL  
CONTACT: ANDY PHILLIPS  
PHONE: 604.796.0627 FAX: 604.796.0643  
EMAIL: andyphillips@stolotribalcouncil.ca



Childs Name: \_\_\_\_\_  Male  Femal

Birth Date: \_\_\_\_\_ Community: \_\_\_\_\_

Care Card #: \_\_\_\_\_ Status #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Contact Method:  Home  Cell  E-mail

Emergency Contact Name & Number: \_\_\_\_\_

## Parent Consent Form

I, the undersigned, certify that I am the legal parent/guardian of:

(Name of Child)

\_\_\_\_\_

understand that soccer is an active, physical sport, and that injuries can take place during play. I understand that, as with any sport, injuries can occur, and hereby acknowledge that my child is physically fit and mentally capable of participating in soccer and camp activities.

I hereby give permission to the staff of the Camp to seek during the period of the Camp appropriate medical attention for the child and for medical attention to be given and for the child to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

Would you be interested in Coaching or Volunteering?  Yes  No