



SOCCER CAMP

STO:LO TRIBAL COUNCIL
CONTACT: ANDY PHILLIPS
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Childs Name: _____ Male Female

Birth Date: _____ Community: _____

Care Card #: _____ Status #: _____

Childs Name: _____ Male Female

Birth Date: _____ Community: _____

Care Card #: _____ Status #: _____

Childs Name: _____ Male Female

Birth Date: _____ Community: _____

Care Card #: _____ Status #: _____

Childs Name: _____ Male Female

Birth Date: _____ Community: _____

Care Card #: _____ Status #: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

E-mail Address: _____

Preferred Contact Method: Home Phone Cell Phone E-mail

Emergency Contact Name & Number: _____

Parent Consent Form

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

(Name of Children)

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 children are 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/ren and for medical attention to be given and for the child/ren 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