

# High School Soccer Camp Registration

Grades: 9-12 • July 20<sup>th</sup> – 24<sup>th</sup> • 9am-3pm

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Parent's Name(s): \_\_\_\_\_

High School: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_

**T-Shirt Size:** YS YM YL AS AM AL AXL

**Please Check One:**  \$150 bring own lunch each day

\$185 daily lunch provided for the week

**Fee:** Make checks payable to Malone University and mail with registration to:

Pioneer Soccer Camp  
2600 Cleveland Ave NW  
Canton, Ohio 44709

**Registration Deadline:** July 5th

The child named above has my permission to participate in the designated Malone University Athletic Camp. I understand that camp participation may involve significant physical activity, which could result in injury or death. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child's participation and release Malone University, its employees, agents, officers, and volunteers from all liability, claims, expenses and actions, which may arise from injury or harm to the child as a result of camp participation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**MALONE UNIVERSITY**