

# Registration Form for



## 2010 Summer Camp

### June 14-18, 2010

Camp Director: Tom Jones (LSC Director of Training)

Please mark the age group in which the camper will be at the time of camp.

Age	Time	Price				
_____ 5-7 yrs old	6-8 p.m.	\$60				
_____ 8-18 yrs old	6-9 p.m.	\$85				
<b>T-Shirt size (circle):</b>	YS	YM	YL	AS	AM	AL



**Camper's Name** : \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

#### Method of Payment:

\_\_\_\_\_ Cash or \_\_\_\_\_ Checks or Money Order (Checks made payable to: LSC)

*I certify that my child is medically qualified to attend the LSC Summer Camp and I hereby authorize the staff to act for me according to their best judgment in an emergency requiring medical attention. I give permission for a physician and/or hospital emergency room to administer necessary care. I wave and release Lamar Soccer Club and its staff from all liability for any injury and/or illness incurred while at camp.*

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

#### Mail Application To:

Lamar Soccer Club- Camp  
P.O. Box 544  
Richmond, TX 77406  
Phone: 832-465-4091

E-mail: [jonest@pearlandisd.org](mailto:jonest@pearlandisd.org)  
Website: [www.lamarsoccerclub.org](http://www.lamarsoccerclub.org)

