

Registration Form for



2009 Summer Camp

June 15-19, 2009

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



T-Shirt size (circle): 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:

Tom Jones
1419 Hobson Dr.
Richmond, TX 77469
Phone: 832-465-4091

E-mail: jonest@pearlandisd.org
Website: www.lamarsoccerclub.org

