

**HENRY M JACKSON HIGH SCHOOL
YOUTH SOCCER CAMP REGISTRATION FORM**

CAMPER INFORMATION:

Full Name _____ ESD Student # _____
Grade Fall 2018 _____ School Fall 2018 _____ Gender M or F
Shirt (circle) Adult or Child Size (circle) XS S M L XL Ball Size (circle) 4 or 5

PARENT/GUARDIAN INFORMATION:

Full Name _____ Relation to Camper _____
Address _____ City _____ Zip _____
Phone(s) _____ / _____ Email _____

EMERGENCY CONTACT INFORMATION

Full Name _____ Relation to Camper _____
Phone _____ Alternate Phone Number _____
Primary Care Physician Name _____ Clinic _____
Physician Phone Number _____ Clinic Phone Number _____
Pre-existing Health Concerns: _____

INSURANCE WAIVER

I authorize my child's participation in Youth Soccer Camp. I, the undersigned, acknowledge and understand that the program in which my child is enrolling will involve a fair amount of strenuous physical activity. I agree to assume all risks associated with the program and further agree to hold the Everett School District, coaches, and volunteers harmless from liability or loss expenses related to personal injury and/or property damage which may arise as a result of my child's participation in camp. In case of emergency, if a camp representative is unable to contact me or my emergency contact person, I give permission to seek medical attention for my child and authorize services and/or treatment by a medical professional or hospital and do so at my expense.

Print Parent/Guardian Name: _____
Signature of Parent/Guardian: _____ Date: _____

Youth Soccer Camp is from 6/25 – 6/28 from 9 AM to 12 PM at the JHS Grass Soccer field. Please return this form with payment to the JHS ASB office with \$100 check or cash made out Jackson HS Girls Soccer or pay online at <https://paymentsonline.everett.k12.wa.us/> from 5/4 to 5/18. Late registration is accepted in person but camp shirt and ball is not guaranteed.