

**UTAH SOCCER ALLIANCE SOCCER CAMP  
JULY 7 – 10, 2008  
REGISTRATION & PARENT RELEASE FORM**

NAME OF CAMPER: \_\_\_\_\_ M/F \_\_\_\_\_ AGE: \_\_\_\_\_

PRIMARY POSITION: (Circle) GOALKEEPER – DEFENDER – MIDFIELDER – FORWARD

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**T-Shirt Size** (Circle) YS – YM – YL – AS – AM – AL - AXL **Logo Color** (Circle) Pink / Blue

MAKE CHECKS PAYABLE TO: **Utah Soccer Alliance**  
\$60 (for USA Competition Players) or \$80 (all others)  
\$10 Late Fee for Registrations Received after July 1, 2008

MAIL OR DROP OFF PAYMENT AND REGISTRATION  
& PARENT RELEASE FORM BY JULY 1<sup>ST</sup> TO:

**Utah Soccer Alliance  
5327 W. 13400 S.  
Riverton, UT 84096**

<p>Credit Card Payment: (Visa/MasterCard/Discover Card)</p> <p>_____ - _____ - _____ - _____ Exp ____/____</p> <p>Amount \$ _____ Authorized Signature _____</p>
--

**PARENT RELEASE FORM**

I give permission for my dependent to participate in the Utah Soccer Alliance Soccer Camp, July 7 – 10, 2008. I understand that the activities and services in this soccer camp may have an element of hazard or inherent danger. I take full responsibility for my above listed dependent's actions and physical condition. For any injury related to the camp, I agree to release, indemnify, and hold harmless Utah Soccer Alliance coaching staff, sponsors, and volunteers from any liability, loss, cost or expense (including attorney fees, medical and ambulance costs) that my dependent may incur while participating in all aspects of the activities.

I hereby approve my dependent's participation in the above-stated activity. I also authorize the adult supervisor responsible for my dependent to secure medical help if necessary. Permission is hereby granted to any licensed medical personnel to take whatever action deemed necessary in the interest of the health and well being of my child.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_