



Soccer Camps 2008 Registration Form

Camper Information (for each child)

Name _____ Age _____ M/F Name _____ Age _____ M/F
 Name _____ Age _____ M/F Name _____ Age _____ M/F
 Address _____ City _____ State _____ Zip _____
 Medical Ins. Co. _____
 Existing medical conditions _____
 School(s) _____

Parent/Guardian Information

Name _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email address _____
 Emergency Contact _____ Phone _____

Medical Consent and Release Form:

I understand that Bernie Fagan Soccer (BFS) is not responsible for accidents resulting in medical, dental or other expenses including the loss of personal items. The camp participant will be responsible for all personal property damage and may be sent home without a refund for violation of camp rules. In the event that I cannot be reached, it is permissible for BFS to have a doctor/hospital treat my child for medical reason. I agree that neither I, nor my child will bring any claims of any kind against BFS or camp instructors, operators, or sponsors as a result of any injuries, expenses, or damages that I or my child may suffer in connection with my child's participation in BFS, whether such claims are known or unknown or arise in the future. I agree that BFS retains the rights to use any photos taken, as well as any other images of players at BFS, for advertising and publicity purposes only. I understand that no one is authorized by BFS, or anyone else associated with the soccer event, to alter, modify, or waive any of the terms of this agreement in any way.

Parent/Guardian Signature (required) _____ Date _____

Please Check Desired Camp(s).

DAY CAMPS: \$175 per child, per week.

June 23-27	<input type="checkbox"/> Camp 1: Grant Park NE Portland
	<input type="checkbox"/> Camp 2: Hillsboro Stadium Hillsboro
July 7-11	<input type="checkbox"/> Camp 3: Westmoreland Park SE Portland
	<input type="checkbox"/> Camp 4: West Sylvan Middle School SW Portland
July 14-18	<input type="checkbox"/> Camp 5: Grant Park NE Portland
	<input type="checkbox"/> Camp 6: West Hills Christian School SW Portland
July 21-25	<input type="checkbox"/> Camp 7: Willamette Park SW Portland
	<input type="checkbox"/> Camp 8: Hillsboro Stadium Hillsboro
July 28- Aug 1	<input type="checkbox"/> Camp 9: Westmoreland Park SE Portland
	<input type="checkbox"/> Camp 10: West Sylvan Middle School SW Portland
Aug 4-8	<input type="checkbox"/> Camp 11: Grant Park NE Portland
	<input type="checkbox"/> Camp 12: West Hills Christian School SW Portland

ACADEMY TRAINING CENTERS: \$185 per child.

May 13, 15, 20, 22, 27, 29 Child's birth date _____

**Use additional copies of this form as necessary.
 Full payment must accompany registration.**

Total Camp Fees: _____

CK/VISA/MC Card # _____

Exp _____ Cardholder sig. _____

Special Notes:

Confirmation and Cancellation

Confirmation of enrollment will be mailed or emailed to you upon receipt of registration and payment. Cancellations made before the start of camp will receive a full refund. Please inform us within 5 days of the start of camp.

Mail registration and payment to:

Bernie Fagan Soccer PMB 288 / 2000 NE 42nd Avenue, Suite D / Portland, OR 97213
Phone: 503-284-4951 Fax: 503-284-8615 Web: www.berniefagansoccer.com