



Campers

Name _____ Age ___ M / F Name _____ Age ___ M / F
 Name _____ Age ___ M / F Name _____ Age ___ M / F
 Address _____ City _____ State ___ Zip _____
 School _____ Medical Insurance Company _____
 Medical Conditions _____ Medications _____

Parents

Parent / Guardian _____ Email _____
 Home phone _____ Email _____
 Work phone _____ Emergency Contact _____
 Cell phone _____ Emergency 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 _____

2010 CAMP SCHEDULE – Please check desired camp(s)

- June 21-25 1 Grant Park NE Portland
- 2 West Hills Christian Off Barbur Blvd
- June 28-July 2 3 Westmoreland Park SE Portland
- 4 Hillsboro Stadium Cornelius Pass
- July 5-9 5 Pfeifer Park Clackamas
- 6 West Sylvan MS SW Portland
- July 12-16 7 Grant Park NE Portland
- 8 West Hills Christian Off Barbur Blvd
- July 19-23 9 Pendleton Park SW Portland
- 10 Hillsboro Stadium Cornelius Pass
- July 26-30 11 Westmoreland Park SE Portland
- 12 West Sylvan MS SW Portland
- August 2-6 13 Grant Park NE Portland

Payment Information

\$185 per child per camp

Total fees _____
 Ck/Visa/MC# _____
 Exp _____ Cardholder sig. _____

Confirmation and Cancellation

Confirmation of enrollment will be 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.

EMAIL / MAIL REGISTRATION AND PAYMENT TO:

Bernie Fagan Soccer
PMB 288 / 2000 NE 42nd Avenue, Suite D
Portland, OR 97213

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f 503.284.8615