

**Ball and Shirt
Included**



Ultimate Summer Soccer Camp Registration Form

Name: _____ **Parent/Guardian:** _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone: _____ **Cell:** _____

Email: _____

Players Age: _____

School: _____ **Grade:** _____

Emergency Contact: _____

Name: _____ **Phone:** _____

Please make sure your emergency contact is someone available during the hours of camp.

Allergies or medical problems: _____

Parent/Guardian Signature: _____

Date: _____

Please mail back to: JSC, 6 Adams Avenue, East Norriton, PA 19401

Official Use Only

Check # _____ **Cash Amount:** _____ **Received By:** _____

Date: _____