

*Ball and Shirt
Included*



*Boys and Girls
Ages 6 - 14*

Ultimate Summer Soccer Camp Registration Form

Child's Name: _____

Address: _____

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

Phone: _____ **Cell:** _____

Email: _____

Players Age: _____

School: _____ **Grade:** _____

Emergency Contact: _____

Emergency Contact Phone #: _____ (btw. 5:30 p.m. – 7:30 p.m.)

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

Allergies or medical problems: _____

Parent/Guardian Signature: _____

Are you interested in more info. about Jeffersonville Soccer Club? Yes No

Does your child currently play on a JSC team? Yes No If yes: U-_____

Please mail back to: JSC, 257 Horseshoe Road, Norristown, PA 19403

Official Use Only

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