



2019 EUCLID PAL SUMMER SOCCER CAMP



Please **PRINT CLEARLY** and **SUBMIT \$25.00** with this application:

Camp Information

Monday, July 15th through Friday, July 19th - 10am to 12pm daily
@ Euclid High School Turf Soccer Field

Member Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Member's Cell Phone: _____

Date of Birth: _____ Sex: _____ School: _____ Grade: _____

Current / Previous Soccer Experience: _____

Previous Injuries: _____

Known Allergies: _____

Parent/Guardian's Information

Last Name: _____ First Name: _____ MI: _____

Home Phone: _____ Cell Phone: _____

EMAIL: _____ 2nd EMAIL: _____

Emergency Contact (Other than above parent) Information

List an additional ADULT who can be contacted in the event of an emergency, if Parent/Guardian cannot be reached.

Name: _____ Phone Number: _____

Activity Disclaimer/Photo Waiver

In consideration of my child's participation in the Euclid Police Athletic League (PAL), I hereby waive and relinquish any and all claims, demands, and/or causes of action whatsoever. This includes any legal fees and/or related costs against the City of Euclid, its employees, or any Euclid PAL agent and or volunteer(s) while at any PAL activity or while in transport. I hereby give my permission to the Euclid Police Athletic League to use above Name(s) and any Photos of my child for the use in print, radio, and television ads for the purpose of marketing, publicity, and/or recruiting members, volunteers, and supporters for Euclid PAL. This application also authorizes the Euclid Police Department/Euclid PAL to secure emergency transportation for your child if needed. This does not authorize or guarantee treatment upon arrival at the designated source of emergency service, as each facility has their own treatment policies and procedures.

Parent/Guardian PRINTED Name: _____

Parent/Guardian's Signature: _____ **Date:** _____