

# Bryant Soccer Club Summer Camps

## One Person Per Entry Form

Chosen Camp: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Evening Phone Number (optional): \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

T-Shirt Size (please circle one)

YS    YM    YL    YXL    AS    AM    AL

Make all checks to BSC. You can send registration forms to the following address or give to Kim Eskola or Shane Haas.

Kim Eskola  
160 E. Ridgewood Drive  
Alexander, AR 72002

**Waiver and Release (Participant or legal guardian must sign in order to participate in camp.)**

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this camp. I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in the camp of while on the premises of this camp, and I hereby release and hold harmless and covenant not to file suit against the Bryant Soccer Club or instructors/trainers conducting the camp and any of the BSC camp sponsors and their agents and employees, and all other person or entities associated with this event from any loss, liability or claims I may have arising out of my participation in this camp, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the releases or otherwise. If I do not follow all the rules of the camp, I understand that I may be removed from the premises.

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\_\_\_\_\_  
Signature \*\*(required)

\_\_\_\_\_  
Parent's or Guardian's  
Signature if under age 18

\_\_\_\_\_  
Date