

Holy Word Soccer Bible Camp 2009

July 27 – 31, 9-11:30am – Wells Point Park Soccer Complex,
Pflugerville, TX

PARTICIPANT APPLICATION FORM

Parent's Name _____

Address _____ Zip Code _____

Phone Number _____ Work Phone _____

E-mail address _____

Church Home _____

Anything we should know about the health of any participating children with relevance to the activities we have planned

Who to contact in case parents cannot be reached _____ Phone _____

1st Child's Name _____ Grade (in fall of 09) _____

Yrs. Soccer Experience _____ **Shirt Size** _____

2nd Child's Name _____ Grade (in fall of 09) _____

Yrs. Soccer Experience _____ **Shirt Size** _____

3rd Child's Name _____ Grade (in fall of 09) _____

Yrs. Soccer Experience _____ **Shirt Size** _____

4th Child's Name _____ Grade (in fall of 09) _____

Yrs. Soccer Experience _____ **Shirt Size** _____

**Tee-Shirt
Sizes**

**Youth
S,M,L**

**Adult
S, M, L, XL**

Participants must be entering into kindergarten through entering into 6th grade in the fall of 09. Children and parents are responsible to bring their own soccer shoes, shin guards (mandatory!), and sunscreen (recommended!). We are providing soccer balls, water, and daily snacks. To cover expenses, there is a \$35 fee per child. There will be a \$10 discount for each additional child in the same family. Checks can be made out to "Holy Word". Space is limited – first come, first serve. We will accept 130 participants. Being prepaid makes it easier on the morning of July 27th!

_____ Total amount _____ Check enclosed _____ I will pay when I drop my child off the first day

THE PARTICIPANT IS RESPONSIBLE FOR HIS OR HER OWN MEDICAL COVERAGE

NOTICE OF WARNING: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. The coaches have established rules for participation, and proper conduct on or about the playing field must be followed.

AGREEMENT: I have read and understand the policies and the risk involved. I hereby agree that my children will follow all rules for good order and safety during this camp. I agree and understand that neither Holy Word Lutheran Church, nor any of the volunteers involved are liable for any injuries received while participating or playing in the activity for which I am registering herein, or for the loss or damage to equipment. I agree that I shall make no claim and bring no action, suit, or proceeding for any and all damages, losses, liabilities, or costs in any manner suffered or incurred as a result of my participating in the activity for which I am registering herein, and I hereby release Holy Word Lutheran Church, and their officers, directors, staff, and Pflugerville Area Youth Soccer League from any and all damages, liabilities, or costs in this regard.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE. I UNDERSTAND AND AGREE WITH IT.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PLEASE FILL OUT THIS APPLICATION AND SEND WITH CHECK TO:

Holy Word Lutheran Church, 10601 Bluff Bend Dr. Austin, TX 78753 or FAX (512) 836-2135