

808 Sports Academy Presents

808 Soccer Clinic

Registration Form

Please mail completed application with payment to:
808 Sports Academy LLC, P.O.BOX 112 Honolulu, HI 96810

Player's First Name	Last Name	M. I.
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Soccer Club or AYSO Region (if any)		
Home Address		
City	State	Zip Code
E-mail address		
Home Phone		
Father or Guardian's Name	Cell Phone and/or Business Phone	
Mother or Guardian's Name	Cell Phone and/or Business Phone	
Emergency contact's name and telephone number		
Physician's name and telephone number (in case of emergency)		
T-Shirts Size		
130 cm	140cm	150cm
Where did you hear about this "808 Soccer Clinic" ?		

*** The camp will be held rain or shine. No refunds, sorry.**

DISCLAIMER AND CONSENT FOR MEDICAL TREATMENT

I certify that my child is in good physical health and has my permission to participate in all activities of 808 Sports Academy. I acknowledge that soccer is a strenuous activity and that it poses some inherent risk of injury. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. I waive all claims of liability against 808 Sports Academy LLC, the 808 Soccer Clinic, their directors, employees, sponsors, owners and associated staff members.

Parent Signature _____ Signed Date _____