



Wembley Soccer Academy

2014 Onalaska Soccer Camp



WHO: Soccer Players ages 8 - 18

WHAT: Soccer Training focusing on: passing, dribbling, receiving, finishing and small sided games

WHEN: July 14, 15, 16 & 17, 9:00 - 11:00 AM

WHERE: Onalaska High School

WHAT TO BRING: water, sun screen, special medication (inhalers), healthy snack, shin-guards & cleats

COST: \$55 per player, includes Wembley Soccer Academy T-Shirt

Pre-Registration required

CONTACT INFORMATION: James Charette, Director

360-943-8233, wembleysoccer@comcast.net

Detach Mail or Fax and Send with payment

Player Name:	<input type="text"/>	Age:	<input type="text"/>	Date of Birth:	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Mailing Address:	<input type="text"/>			City:	<input type="text"/>
Zip Code:	<input type="text"/>	Email:	<input type="text"/>		T-Shirt Size:
Team Name:	<input type="text"/>			Year in School:	<input type="text"/>

Medical Care Consent and Release of Liability

1. On behalf of the above named player, I release Wembley Soccer Academy and its employees from any claim arising from participating in the camp. Neither Onalaska High School, Wembley Soccer Academy nor anyone connected with the camp assumes any responsibility for accidents, medical or dental or any other expense incurred as a result of attending the camp. I hereby certify that the above named player is physically fit to participate in camp activities. I accept full responsibility for any medical problems that may develop as a result of any activities. 2. I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for mychild, if I cannot be reached in an emergency.

Known allergies, including allergies to medicine:	<input type="text"/>				
Any medical injuries or illness:	<input type="text"/>				
Insurance Carrier:	<input type="text"/>	Policy Number:	<input type="text"/>		
Emergency Contact:	<input type="text"/>	Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>

Mailing Address:
Wembley Soccer Academy
9429 Delphi Road SW
Olympia, WA 98512

Payment:	<input type="text"/>	Credit Card Number:	<input type="text"/>		
Expiration Date:	<input type="text"/>	3 Digit Security Code:	<input type="text"/>		