

CSUDH ID Camp Registration

Name:

High School/Graduation Year:

Junior College:

Club Team:

Club Team Coach:

Position:

Email Address:

Phone Number:

Emergency Contact and Phone Number:

T-shirt Size (circle one): YL AS AM AL AXL

I hereby authorize the staff of Flanagan Soccer Academy to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program.

Signature: _____

PLEASE MAIL PAYMENTS TO:

Flanagan Soccer Academy
26622 Whitehorn Dr
RPV, CA 90275