



boulder county
FORCE

2011 Pre-Tryout Camp Registration Form

Name _____ Age Group (in fall 2011) _____ Sex M / F
Contact Number (____) _____ Alternate (____) _____
Email address _____ @ _____
Parent/Guardian Name(s) _____

Pleasant View Soccer Complex, 3805 47th St., Boulder, CO 80304
May 23-26

4-5:30PM: U12 Girls, U13 Girls , U12 Boys, U14 Boys
5:30-7PM: U11 Girls, U14 Girls, U15 Girls, U11 Boys, U13 Boys

Cost: \$35.00

Checks should be made payable to **Boulder Country Force** and sent to:

Boulder County Force
1510 28th St., Suite 100
Boulder, CO 80303

Phone: (303) 443-8877
Fax: (720) 406-1566

Credit Card # _____ Exp _____ 3 digit security code _____

Name as it appears on card _____

Billing Address _____ Zip Code _____

Release for Medical Treatment

I (parent/legal guardian) _____ authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for (child's name) _____.

Medical Insurance Carrier _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

Name of Physician _____ Phone (____) _____

