



## 2011-12 Winter Soccer Camp Registration Form

Name \_\_\_\_\_ Age Group \_\_\_\_\_ Sex M / F

Contact Number (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_@\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Boulder Indoor Soccer, 2845 29th St., Boulder, CO 80301

**Session 1: November 7<sup>th</sup> – January 13<sup>th</sup>**

No camp during the weeks of: Nov. 21-25, Dec. 26-30 and Jan. 2-6

**Session 2: January 16<sup>th</sup> – March 2<sup>th</sup>**

**Session 1**     Y / N

**Session 2**     Y / N

**Total # of sessions** \_\_\_\_\_ x \$100 = **Total Payment** \_\_\_\_\_

Payment can be made via check or credit card.

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

Boulder County Force  
1510 28<sup>th</sup> St., Suite 100  
Boulder, CO 80303

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

Credit Card # (Visa/MC/Discover only) \_\_\_\_\_ 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 (\_\_\_\_) \_\_\_\_\_

