

WEB Summer Camps Registration Form 2010

Complete and return to: Break Away Sports Center, 5964 Executive Dr, Madison, WI 53719

Participant's Name	Birthdate	Grade (Fall 2010)
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Parent's Name

Address/City/Zip

Telephone (home)	(work)	Email Address
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Release of liability

As the undersigned parent or legal guardian of the participant I recognize soccer is a vigorous sport and the participant may suffer temporary or permanent serious physical injury or even death while playing watching or attending this camp. I realize Break Away Sports Center, Inc. (Break Away) Camps / Clinics may include activities indoor and / or outdoors. With full knowledge of the above referenced risks, and in consideration for Break Away accepting the participant in this soccer camp, and pursuant to the recreational assumption of risk statute, sec. 895.525 WI Stats., the participant and I hereby release, discharge, and/or otherwise indemnify Break Away, its employees, officials, and representatives as to any claims and causes of action by or on behalf of the participant and his or her parents or guardian.

Parent/ Guardian Signature

Consent for medical treatment

With full knowledge of the risk of injury in the game of soccer, I hereby authorize Break Away, its employees, officials and representatives to administer emergency treatment to my child for any injury or other medical emergency while participating, attending or watching at Break Away or associated facilities to the camp. The consent also extends to the right of those persons listed above to arrange for medical treatment by licensed physicians and / or other medical personnel and for them to provide such emergency medical treatment as they deem appropriate to preserve the life or well being of my child.

Parent/ Guardian Signature

CAMPS (check camps which applies)

INDOOR

- Camp #1 Eager Kickers Aug. 9-12
- Camp #3 Youth Rec Aug. 16-19
- Camp #4 Girls Youth Aug. 16-19

OUTDOOR (Cherokee MS& BASC)

- Camp #2 Competitive Aug. 9-13

Competitive Camp: During the Scramble at Break away on Friday August 13, Meriter Sports Medicine will be leading a presentation for the parents on young athlete development.

How many parents will attend? _____

T-SHIRT SIZE: (Check size that applies)

Youth: M L Adult S M L XL

Optional MC or Visa Credit Card Payment: I authorize the associated activity payment to be charged to my credit card

Signature: _____

Card # _____ Exp. Date: _____