



# Soccer Camp Registration Form Derby City Rossoneri



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Cost: \$115  
(\$15 Sibling Discount per additional sibling)

\$20 Cancellation fee after May 18<sup>th</sup>

Mail registration form and check to: OR Scan/Email form to [dcrsoccer@gmail.com](mailto:dcrsoccer@gmail.com)  
DCR Soccer Pay online at [www.dcrsoccer.com/id9.html](http://www.dcrsoccer.com/id9.html)  
13005 Trump Ave  
Louisville, KY 40299

Email [dcrsoccer@gmail.com](mailto:dcrsoccer@gmail.com) for any questions.

## Consent for Medical Treatment and Liability Waiver

I, the parent/guardian of the registrant, a minor, agree that I recognize the possibility of physical injury associated with soccer and in consideration of Derby City Rossoneri (DCR) accepting the registrant for its Soccer Camp, I hereby release, discharge and/or otherwise indemnify DCR, and its volunteers, associated personnel, including owners of fields and facilities used for Soccer Camp, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Soccer Camp.

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_