

OP United Soccer Camp Registration Form

Athlete Information

Date of camp_____

Name (print)_____

Birth date_____

What age group currently playing? (U8, U10, U12)_____

Does the athlete have any allergies, chronic illness, or medical conditions? If yes, please describe.

Is the athlete prescribed an inhaler? If yes, please explain any instructions.

Parent/Guardian Information

Name (print)_____

Cell number_____

Home telephone number_____

Email_____

Emergency contact information if different from parent

Name (print)_____ Relationship_____

Cell number_____

Home telephone number_____