Town of Murfreesboro Recreation Department

Youth Fall Soccer Camp

Let's Play Soccer!
Sponsored by Murfreesboro Recreation Department & ECU Community Health Benefit Grant
Date: September 26, 2026
Time: 9:00AM - 11:00AM
Camp Location: Hertford County Middle School
Registration Dates: September 1st - September 24th

Enrollment Info

Childs Name: _____
DOB___/____/_____
Age: _____

Parent/Guardian Name: _____
Address:_____
State:_____ Zip:_____
Home Phone: (___)_____
Alt. Phone : (____)_____

Emergency Contact Information
Name:_____
Address:_____
State:_____ Zip:_____
Home Phone: (___)_____
Atl. Phone: (____)_____
Relationship to Child:_____

Please remember to fill out the back portion of this form

Parental Waiver and Consent Form

As the parent or guardian of the child name below, I hereby give my full consent and approval for my child to participate as a camp member in the sport designated below. I understand that there are certain risks of injury inherent in the practice and performances of the sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participation, I do hereby wave, release and hold harmless the Town of Murfreesboro, its offices, employees, coaches, sponsors,supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Name of Child :_____
Date of Birth:_____
Grade:_____
Sport: SOCCER
List of any physical limitations (allergies, hearing sight, etc.)

_____

_____

_____

Parent/Guardian's
Signature:_____
Date:_____