

21st ANNUAL BEST COLLEGE SOCCER CAMPS REGISTRATION FORM

2023 REGISTRATION INFORMATION

EMERGENCY INFORMATION

PLAYER NAME.

EMERGENCY CONTACT

DATE OF BIRTH

CELL PHONE NUMBER (S)

ADDRESS

Above list any medical concerns

CITY

ZIP CODE

Medical Treatment Consent

PARENT'S WORK AND CELL PHONE

PARENT'S/GUARDIAN (Print)

\$15 _____
Shirt price Camp shirt size

Parents/Guardian Signature

CAMP \$275 PER PLAYER - (TEAM OF 14 PLAYERS MINIMUM >>> \$225 PER PLAYER)

Total Paid: \$ _____ LIST **POSITION** >>> **GK/CB/RB/LB/CM/WNGR/CF** >>. _____

In the event the emergency contact cannot be reached, I authorize the camp personnel to give emergency treatment until medical assistance arrives and give consent for emergency medical care prescribed by a duty licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

LIABILITY RELEASE.

PARENT'S/GUARDIAN SIGNATURE

DATE

I, the parent of the registrant, a minor, hereby release, discharge, and/or indemnify BCSC against any claims by or on behalf of the registrant as a result of the registrant's participation in the soccer camp and/or being transported to or from the camp.

To assure your place in the camp, complete this registration form and mail it with a check made payable to West Coast College iD Camps or pay online or Via Venmo:

**BCSC
CARMEL MOUNTAIN RD STE 308-320
SAN DIEGO, CA 92130**

All fees are non-refundable to cover administrative/paying college coaches costs. Any questions to have credit toward the next camp please call us at 858.518.4729

