

Registration Form

Are you a returning camper? _____

Child's Name _____

Age (at time of camp) _____ DOB _____ Sex (m/f) _____

Parent's/Guardian's Name _____

Address _____

City _____ State _____ Zip _____ Phone # (Home) _____

Phone # (work) _____ E-mail _____

In an emergency contact _____ Phone # _____

Name of Church you attend (if any) _____

Address _____ City _____

State _____ Zip _____ Phone # _____

Camp # attending _____ Date _____ Time _____

Location of camp _____ Amount Paid \$ _____

(Enclose a stamped, self-addressed envelope if you require a receipt / confirmation of enrollment)

Medical Insurance Company and Policy # _____

- Please read the following carefully:**
- I, the undersigned, release Sports Quest (including its agents, employees, counselors, volunteers and trainers) from all liability for any injuries or losses incurred while taking part in the soccer camp
 - In the event of a medical emergency, I authorize the training staff to act for me according to their best judgment. I also grant permission for my child to be given treatment at a local hospital if it is deemed necessary. It is understood that every attempt will be made to contact the parent / guardian before treatment is started
 - There are no limits to my child's participation except as stated in writing and included with this registration form
 - Permission is granted to Sports Quest to use photographs of my child(ren) in any promotional materials

REFUNDS – will only be given if:

- The camp applied for is full or is cancelled due to insufficient numbers
 - Your application is withdrawn for any reason, up to 10 days prior to camp
- If your child is unable to attend any day(s) of camp due to illness, a written request for full / partial refund must be submitted by mail accompanied by a medical certificate.*

REFUNDS – will not be given if:

- Your application is withdrawn after the 10 day deadline
 - Your child is unable to attend camp, for any reason other than illness, on any of the 5 days of camp
- In the event of inclement weather, Sports Quest will attempt to make up for any lost time during the camp week. If however, the time cannot be made-up, Sports Quest will not provide a refund*

Signature of parent/guardian Date

Mail registration form with fee
(checks made payable to Sports Quest) to:
Sports Quest • P. O. Box 1383 • Cypress • TX 77410-1383
Any questions call the Sports Quest office 832-593-7777

