2017 SOCCER CENTRE/YOUTH SHIELD APPLICATION





Child's Name	Birthdate:				Age
Parent Name	Address:				
City		_ State	Zip		
Home Phone	Cell Phone				
Email					
	CAMP DATE *FULL I Id Campers w Camp is des	\$200 \$250 VEEKS: \$300 DROP-IN RA ES: June 5 – A DAY CAMP LU vill receive You evaluation	ugust 10, 201 NCH INLCUD Ith Shield Tee	175 17 0ED e, wee	
Check # (Make checks paya	able to Soccer C	entre. There will	be a \$20 fee on	ALL r	eturned checks.)
Credit Card #(Circle One: Maste	er Card, Visa, Dis	scover and Amex	Exp. Date accepted)	S	ec. Code(3 digit)
recreation and instruction demands and dama herein named while	uction at Soccer (ages for bodily inju participating in so and further to say n such activities.	Centre, and releas ury to person and uch activities, incluve and hold harml	e and discharge damages to prop uding all risks cor	Soccer erty wh nnected	ticipation in activities of Centre from all claims nich may befall the I therewith, whether from any claim arising
Signature		Da	ate		

Soccer Centre: 1620 Market Place Dr. Maumee, Ohio 43537 (Phone 419-893-5425, Fax 419-893-3656)