

Bluejay Soccer Camp Registration Form

Camp Choice (Please Print Camp and Date)

First Name

Last Name

DOB

Graduating Year

Address

Telephone

E-mail

Jersey Size (Please circle choice)

YS YM YL YAL AS AM AL AXL

Position (Please circle choice)

Goal Keeper Defender Midfield Forward (ability to add more than o

Parent Name

Telephone

E-mail

Emergency Contact

Club Team

Club Coach

Telephone

High School

High School Coach

Telephone

Medical Conditions/Allergies

Preferred Room mate (Residential only)

Please mail completed form to

Craig Scriven
Ryan Athletic Center
2500 California Plaza
Omaha, NE 68178

Payment must be included

All checks payable to; PS Soccer

Parent/Guardian Release

I hereby release, discharge and indemnify Creighton University, Bluejay Girls Soccer Academy, Staff and, their agents and employees, Creighton University, all owners and operators of facilities used for events, and all directors, coaches, employees, agents and representatives from all claims, liabilities, damages or causes of actions arising from any connection with my child's participation in all programs. My child has received a physical examination by a physician and has been passed healthy and capable of participating in all programs. I recognize the possibility of physical injury associated with soccer and I hereby give my consent to medical treatment by an athletic trainer and/or doctor of medicine and/or dentistry.

Any cancelation 30 days prior to the start of camp will result in a full refund, after this time there will be a reduction in refund due to costs associated with camp. Refunds will be issued at the conclusion of camp.

Every effort will be made for any cancelation after the start of camp, delay, missed training sessions resulting from circumstances beyond the control of Creighton University, Bluejay Girls Soccer Academy. Due to the window of time and schedule it may result in sessions not being made up.

I have read the above and understand that I/we have given up substantial rights by signing this release at our own freewill.

Player Name

Parent/Legal Guardian

____/____/20____
Date Completed