

LIL' PANTHERS SOCCER CAMP  
REGISTRATION FORM

name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_

state/zip \_\_\_\_\_

birthdate \_\_\_\_\_

grade (9/08) \_\_\_\_\_

parent phone (day) \_\_\_\_\_

parent phone (nite) \_\_\_\_\_

parent phone (cell) \_\_\_\_\_

parents' email \_\_\_\_\_

**PLEASE CHECK YOUR CHOICES:**

- Lil' Panther Full-Day Camp (\$165.00)
- Mini Panther Half-Day Camp (\$110.00)
- June 9-12, 2008
- June 23-26, 2008

**Please Check One:**

- I will purchase the official camp ball  
(Enclose \$30 payment)  
\_\_\_\_ Size 4      \_\_\_\_ Size 5
- I will bring my own ball

\*Full payment must be made with registration.  
\*Make checks payable to **Pittsburgh Soccer  
Camp for Girls**  
\*Refunds are handled on an individual basis.  
Some fees are NON-REFUNDABLE.

**MEDICAL RELEASE AND WAIVER**

I certify that my son/daughter has permission to participate in the Lil' Panthers Soccer Camp.

He/she has been examined by a doctor in the last year and is cleared to play soccer.

I have health insurance.

In the event of an injury I wish to be contacted before treatment. If I cannot be contacted and my son/daughter requires immediate treatment, I authorize the University of Pittsburgh, its camp directors, or other agents to obtain reasonable emergency treatment.

I also acknowledge that there is an element of risk in any activity. I absolve the University of Pittsburgh, its camp directors and their agents of any liability or judgments which are a direct result of my son/daughter's misconduct or negligence.

I have read and understand this waiver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy Number

Mail registration to:  
Pittsburgh Soccer Camps for Girls  
PO Box 7436, Pittsburgh, PA 15213

OR

\*\*\*Register Online\*\*\*

[www.pittsoccer.com](http://www.pittsoccer.com)

