



Champions Soccer Camp 2018 Camp Application



Summer Session Schedule 2018:

- Session 1 July 31 – August 3
- Session 2 August 6 – August 10

Child's name: _____

Age: _____ Level: Beginner Intermediate Advanced

Child's name: _____

Age: _____ Level: Beginner Intermediate Advanced

Child's name: _____

Age: _____ Level: Beginner Intermediate Advanced

Parent's name: _____

Address: _____

City, State, Zip Code: _____

Daytime phone number: _____

Cell phone number: _____

Emergency phone number: _____

Emergency Contact: _____

E-mail address: _____ (please write clearly)

Physician's name: _____

Physician's phone number: _____

Allergies or restrictions: _____

Any other comments _____

I hereby grant permission for my child and any other family member to participate in Craig Breslin's Champions Soccer Camp (CBCSC). I believe and do not hold liable the camp or its employees from claims of any damager or injuries received in activities of the CBCSC. In the event that I cannot be reached in an emergency, I hereby consent to any examination, x-ray, medication, anesthetic, medical and surgical treatment that may be rendered, based on the recommendation of the nearest physician and medical facility.

Parent's signature _____

Date: _____

Please make check payable to Craig Breslin, and mail with application to:

Craig Breslin's Champions Soccer Camp
63 Cottonwood Drive
San Rafael, CA 94901