

# 808 Sports Academy Present

# Samurai Blue Soccer Camp VI

## Registration Form

*Please mail completed application with payment to:*  
**808 Sports Academy LLC, P.O.BOX 112 Honolulu, HI 96810**

Player's First Name	Last Name	M. I.
Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Soccer Club or AYSO Region (if any)		
Home Address		
City	State	Zip Code
E-mail address		
Home Phone		
Father or Guardian's Name	Cell Phone and/or Business Phone	
Mother or Guardian's Name	Cell Phone and/or Business Phone	
Emergency contact's name and telephone number		
Physician's name and telephone number (in case of emergency)		
T-Shirts Size	150 cm	160cm      S
Where did you hear about this "Samurai Blue Soccer Camp" ?		

**\* The camp will be held rain or shine. No refunds, sorry.**

**DISCLAIMER AND CONSENT FOR MEDICAL TREATMENT**

I certify that my child is in good physical health and has my permission to participate in all activities of 808 Sports Academy. I acknowledge that soccer is a strenuous activity and that it poses some inherent risk of injury. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. I waive all claims of liability against 808 Sports Academy LLC, the Samurai Blue Soccer Camp, their directors, employees, sponsors, owners and associated staff members.

Parent Signature \_\_\_\_\_ Signed Date \_\_\_\_\_