

# RMSC TEAM CAMP - PLAYER APPLICATION

(Please fill out ENTIRE Form)

NAME \_\_\_\_\_ AGE (As of Camp Date) \_\_\_\_\_ M/F \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ TEAM/DIVISION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

TEAM NAME \_\_\_\_\_ COACH \_\_\_\_\_

TEAM CAMP DATES \_\_\_\_\_

## RELEASE FORM

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child is participating in such activity. My child is in good health and is physically able to participate in said activity. I agree to unconditionally waive and release the ROCKY MOUNTAIN SOCCER CAMPS, INC., their officers, employees, agents, servants and all representatives and sponsors from any injury that my child may sustain or any damage that may be caused to my child's property in connection with any ROCKY MOUNTAIN SOCCER CAMPS, INC. activity. I also authorize and consent to any emergency X-ray examination, medical diagnosis or treatment and hospital care and on the advice of any physician licensed to practice in the state of Colorado or in the United States of America. Parent or guardian signed will be contacted and will be responsible for the health insurance of their child.

Parent/Guardian Signature \_\_\_\_\_

Please indicate any known ALLERGIES, DISABILITIES, or MEDICAL PROBLEMS: \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_ POLICY or GROUP NUMBER \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**MAIL TO: Rocky Mountain Soccer Camps, Inc. 398 Bristlecone Circle Bailey, CO 80421-1211**

(For Official Use Only)

| CHECK #1 | DATE RECEIVED | NAME | AMOUNT \$ | BALANCE \$ |
|----------|---------------|------|-----------|------------|
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