

# Berkeley Heights Soccer Clinic

## Boys Ages 8 – 10

### (U9 – U10)

### Registration Form

Name (child) \_\_\_\_\_  
Name (parent) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
Email \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Grade in Fall 2012 \_\_\_\_\_ Age \_\_\_\_\_  
Position played: (circle) Goal or Field  
Tee Shirt Size: Youth: YS YM YL  
(circle 1) Adult: AS AM AL AXL  
Team Name: \_\_\_\_\_  
Allergy/Medical Condition: \_\_\_\_\_

Confirmation of registration will be sent via email upon receipt of Application and Full Payment.

I certify that my child is in good physical condition and has permission to fully participate in all activities at Power House Camps/Clinics. I hereby authorize the agents of Power House Camps, LLC to act for me according to his/her best judgement in any emergency requiring medical attention. I hereby release and discharge the Berkeley Heights Public Schools, Berkeley Heights Township, Power House Camps, LLC, camp staff, affiliated entities and their officers, employees from and against any and all claims and liability or causes of actions arising out of or in connection with my or my child's participation in camp/clinic. I also grant permission for any photographs / videos taken of my child in the program to be used for future promotional use.

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Signature - Parent / Guardian

Date

**\*\*A completed *Application and Payment in Full* is due by June 20<sup>th</sup>, 2012.\*\***

### **Registration Costs:**

Early Registration Camp Fee Prior to June 20<sup>th</sup>, 2012 - **\$100**

Late Registration Camp Fee After June 20<sup>th</sup>, 2012 - **\$115**

Checks should be made payable to ***Power House Camps, LLC***:  
and mailed along with application to:

**C/O Dan House  
50 Liberty Street  
Clark, NJ 07066**