

Quest Soccer Camp Registration

Fort Pierce

Name: _____

Phone: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

School camper attends: _____

Any known allergies: _____

Medications camper will bring: _____

Camper's medical insurance and policy #: _____

Emergency Phone Number: _____

T-shirt size

YS YM YL YXL AS AM AL

Please check the session you would like to attend and mail this form along with your \$125 payment. If paid by credit card, attach emailed receipt to form. Make check payable to QUEST SOCCER.

Mail to: 2250 SW Abalon Cir. Port St. Lucie, FL 34953

Session 1

July 7 – 11
9am – 12pm
Ages 6 - 11

Session 2

July 7 - 11
1:00pm – 4:00pm
Ages 12 - 16

I certify that my child enrolled above is in excellent health and may participate in strenuous physical activities including soccer. I agree to defend and hold the camp, its servants, agents and/or employees and contractors harmless from any and all claims for injuries sustained by my child during his or her participation in the camp. Permission is hereby granted for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this application.

Signature of Parent / Guardian

Date