

# University of Wisconsin-Marathon County

## SOCCER CAMP

### REGISTRATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_  
AGE: \_\_\_\_\_  
GRADE IN FALL 2009: \_\_\_\_\_

### AUTHORIZATION

I, the undersigned parent or guardian of the above minor, acknowledge that s/he is physically able to participate in all UWMC Boy's and Girl's Soccer Camp activities. In the event of an emergency, I hereby authorize the director of the camp or his designee to select the appropriate physician or hospital facility, and I authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary during the camp. I will be responsible for all medical bills incurred as a result of illness or accidents for which medical treatment is necessary while the above applicant is at camp.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: