



**BCOM CUBS- SPECIAL NEEDS SOCCER CAMP  
REGISTRATION FORM**

Ages (5 to 17)

**SEPTEMBER 8, 2018 FROM 9AM TO 12PM  
HIGH NOON SOCCER COMPLEX  
U-12 Fields**

Camper's Last Name	First Name	Age	M	F
Address	City	Zip		
Emergency Phone Number	Email Address	Date of Birth		
Parent/Guardian's Name (Mother)	Home Phone/Cell Phone	Work Phone		
Parent/Guardian's Name (Father)	Home Phone/Cell Phone	Work Phone		

**Help us get to know your child:**

Disability Type: \_\_\_\_\_

Circle T-Shirt Size:    (YOUTH)    S    M    L                    (ADULT)    S    M    L    XL    2XL    3XL

**CAMP WAIVER**

**CAMPER LIABILITY AND HEALTH INFORMATION**

I undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek appropriate medical attention to be given in case of accident, injury or illness. In addition, I will be responsible for any and all costs of medical attention and treatment. I the undersigned, for myself, my family and heirs, waive, release and forever discharge the Camp staff, officers and representatives, from any and all liability, claims, demands or actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in camp activities or while at camp. I also understand that the Camp retains the right to use photographs of campers atthe Camps for publicity and advertising purposes.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Return form to Tresco, Aprendamos, Esperanza, or email to BCOM cubs**

**Lascrucestimbers.com    • Phone: (575) 915-6313    • Email: [wzuniga@bcomnm.org](mailto:wzuniga@bcomnm.org)**

