



FC NORTHWEST SOCCER CAMP



Name: _____ Gender: M F Age: _____ Year of Birth _____

Address: _____ Postal Code: _____

Phone _____ Email: _____
(Home) (Work) (Cell)

Parents Names: _____ Goalie ___ Camp Dates & Times: _____

Enrollment Fee: _____ Shirt Size: _____ Circle One: Recreational; D-League; Regional/Premier

Coaches Name: _____ Club/Team Name: _____

Any limiting Health Factors: No Yes If yes please specify: _____

In case of emergency please supply two names and phone numbers if different than above:

1) _____ 2) _____

How did you become aware of the Camp? _____

Release: The undersigned being the parent or legal guardian or the child listed above, do hereby remise, release, and forever discharge the FC Northwest Club and its agents and employees of and from all manner of action, causes of action, claims or demands in law or in equity which we may hereafter have for and cause, matter of thing and particular by reason of injuries suffered by the said applicant, by reason of an accident or illness occurring during soccer clinics or other events and programs sponsored or conducted by the FC Northwest Club.

I understand that by completing this form the FC Northwest Club is collecting certain personal information about my child, me and other members of my family including if necessary my Manitoba Health Personal Identification Number (PHIN) and any medical conditions experienced by my child. I also understand this information will be used only for the purposes of administrating the FC Northwest Club player development and in instructional programs. I hereby consent to such collection, use and disclosure of this personal information.

Please make cheques payable to **FC NORTHWEST SOCCER CLUB.**

Please refer to camp info letter for fees.

Payment needs to be received prior to commencement of camp. Mailing address:

FC Northwest Soccer Club
2 Mirabelle Road
West St. Paul, MB. R2V 4E9

Please visit our **WEBSITE: www.fcnorthwest.ca**

For further information/enquiries please contact janwilks@shaw.ca

Signature of Parent or Legal Guardian
