Spring Break Camp Application 2010

TO REGISTER:
Complete the application and mail with appropriate fee to:
Triangle United / PO Box 2321 / Chapel Hill, NC 27515 (checks payable to Triangle United)

- Upon receipt of your application, a confirmation email will be sent to the address listed below.
- In addition, all correspondence regarding the camp will be sent to the email address listed below.

COST: $75.00 for the Half Day Camp, $35 for the Soccer Tykes
QUESTIONS: If you have any questions, please contact camps@triangleunited.org or call the TUSA office at 919.942.1995.

DATES AND LOCATIONS (*Please check the appropriate box*):

Mar29-Apr1:	Chapel Hill (Rainbow)	☐	Soccer Tykes ☐
Mar30-Apr2:	Apex (Apex fields or STMM)	☐	Soccer Tykes ☐
April 6-9:	Durham (Woodcroft)	☐	Soccer Tykes ☐
	Durham (Holt field)	☐	Soccer Tykes ☐

Name_____Age _____ Gender _____
Street_____
City/State/Zip_____
Email Address_____
Phone _____
Parent Name(s) and Cell Phone(s) _____

T-Shirt Size (circle one) YS YM YL YXL AS AM AL AXL

I intend to allow my child to participate in the Triangle United Camp Series and recognize that soccer is a collision sport and the risk of physical injury is inherent to the sport. I certify that my child is medically sound and physically fit to play soccer. I am aware of and voluntarily assume all risks – regardless of their causes – to my child, including accidental injury or injury caused by the negligence of others, arising from his/her participation in the Triangle United Camp Series and/or its activities, including participation in the sport of soccer.
Such risks specifically include but are not limited to – and I certify that I will make my child aware of – the danger of significant personal injury (including death) associated with soccer goals which may tip over or collapse when used as a device on which to climb, hang or otherwise play or when improperly moved or secured. I understand that it is not the responsibility of or its representative to serve as guardians of my child's safety.
I am responsible for my child's protective equipment and the use by my child of protective equipment, including shin-guards and mouthpieces and for the condition of his/her cleats if he/she chooses to wear them. Furthermore, I understand those weather conditions and conditions of the playing field can vary and can increase the risk of personal injury. I will note the weather conditions and the condition of the field and I voluntarily assume all risks to my child arising from such conditions. In consideration of Triangle United sponsoring it's program, I will not hold Triangle United or any of its officers, employees or agents liable in damages for any injuries my child might sustain while participating in the Triangle United and any activities of leagues sponsored by it.
I hereby release and forever hold harmless Triangle United and all of its officers, employees or agents from any liabilities, claims damages or losses arising from or in any way relating to my child's participation in the soccer club. My signature below indicates that I have carefully read the registration form, accurately completed it, and fully understand the Release and Assumption of Risk, which I am voluntarily signing, will bind me, my heirs, and my personal representatives.

Parent/Guardian Signature _____**Date** _____

FOR OFFICE USE ONLY
Application Received: _____
Fee Received: _____ Check Number: _____
Email Confirmation Sent: _____