



2010 SCORPION SOCCER CAMPS

Registration Form

Camper Information

Name _____ Age (as of date of camp) _____

Address _____ Mobile Phone _____

City _____ State _____ Zip _____

School _____ Club Team _____

Parent/Guardian Information

Name(s) _____ Email Address _____

Home Phone _____ Mobile Phone _____

Circle the Camp Attending

Boys' Camp June 4-7 Boys' Camp July 26-29 Girls' Camp June 4-7 Girls' Camp July 26-29

Circle Shirt Size

Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Consent to Medical Treatment and Release of Liability

I hereby request that you accept the application of for the enrollment of my son/daughter to the UTB/TSC 2010 Scorpion Soccer Camps. I hereby release The University of Texas at Brownsville and Texas Southmost College and all of its employees and the Camp Director and assistants from any claims on account of any injury which may be sustained while attending the UTB/TSC Scorpion Soccer Camps; and I agree to indemnify The University of Texas at Brownsville and Texas Southmost College and its employees and any assistants for each claim which may hereafter be presented as a result of any such injuries. I also certify that the enrollee is medically fit to participate in your program.

I have read this Waiver of Liability and fully understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without an inducement.

Camper's Name _____ Name of Parent or Guardian _____

Medical Insurance Company Name _____ Policy # _____ Group # _____

Insured's Name _____ Insurance Company Phone Number _____

Signature of Parent or Guardian _____ Date _____

The camp fee of \$100. An early bird discount of \$10 will be applied if paid by May 7 for the June camp and June 26 for the July camp. Make your checks payable to The University of Texas at Brownsville and Texas Southmost College.

Amount Enclosed:

- \$100
- \$90

Mail this form with check to:

Scorpion Soccer Camps
UTB/TSC 80 Fort Brown Brownsville, Texas 78520