

Mount Olive College Soccer Camp at SWSC – July 17-20, 2006

Name: _____

Birth Date: _____ Age: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

E-mail Address: _____

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

_____ Field Player

_____ Goal Keeper

Signature of Parent or Guardian: _____

Date: _____

Emergency Contact Person: _____

Phone: _____

**Please make checks payable to:
Jerry Riggs**

Return to:
Mount Olive College Soccer Camp/SWSC
PO Box 69
Jacksonville, NC 28541

Release of Liability

I, the undersigned, do hereby assume responsibility for any accident or injury incurred that may result in my child's participation in the Mount Olive College Soccer Camp. I hereby remise, release, and forever discharge the Mount Olive College Soccer Camp from suit of law, of whatsoever nature, regarding my child's participation in the soccer camp.

Signature of Parent/Guardian: _____

Date: _____