

2024 Dynamic Development Soccer Camp Mail In Registration Form

Week of Camp/Location:		Thompson High School	
Child Name:			Gender: M / F
Address:			
City:		State: Z	ip:
D.O.B.:	Age:	School Grade:	_ (going into Fall 2024)
Parent/Guardian Name:			
Cell/Emergency Phone #(s):			
Email:			
Insurance/Policy Number:			
Medical Conditions:			
Referral			
Group preferred:			
☐ Future Group (age 5-6) ☐ Junior Group (age 7-9) ☐ Senior Group (age 10-12) ☐ Elite Group (age 10-12) (\$250) Ball Size preferred: 4 (ages 5-9) 5 (ages 10-12) Shirt Size: YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐			
Waiver of Liability: "I know, understand, and appreciate the risks associate above-mentioned participant in the activity. In doing of the sport. I further understand that in the event of Training, LLC to call EMS to render assistance, I, the involved. I, for myself and on behalf of my child, heirs, assign hold harmless the Dynamic Development Training, I sponsoring agencies, sponsors, advertisers and if appreciate to any and all injury, disability, death, of the releases or otherwise, to the fullest extent permit Lastly, I do hereby consent and agree that Dynamic I daughter and to use these in company promotional rewithout compensation. Photos will only use to promotion.	g so, the ab a medical he parent of s, persona LLC, their plicable, of or loss or deted by law Developmentaterial or	pove-mentioned participant is assuming emergency, if it is necessary for Dyror guardian, will be financially responsal representatives and next of kin, here officers, officials, agents and/or Emwners and lessors of premises used following to person or property, whether y." The training, LLC has the right to take on social media pathways (Facebook	ng all of the inherent risks namic Development usible for any expenses beby release, indemnify and ployees, other participants, or the activity ("releases"), or arising from negligence of ke photographs of my son
X			
Parent/Guardian Signature		Date	