



Payment Options:

Cash _____ Check _____

Camp Date Requested: _____

Players Name _____

Date of Birth _____ M _____ F _____

Medical Insurance _____ Dr Name _____ Phone _____

Parent Name _____

Email Address _____

Home Address _____

Phone _____ Alt Number _____

Emergency Contact _____ Phone _____

Disclosures

All activities are strenuous in nature and do pose a risk of injury. Each player is expected to be courteous and handle themselves in a respectful fashion. We emphasize a team atmosphere and team building is part of our structure.

Registration Options

Payments are accepted by mail or on the first day of each week of the camp. The mailed option will be acknowledged by a mailed receipt. Payment in full is expected one week prior to ensure your player has a spot. Last minute registrations will be accepted, however, space is limited.

Cancellation Policy

We hope cancellation is not necessary but if it is there will be a cancellation fee of \$75.00.

By signing this registration form; you agree as a parent or guardian to all areas of this disclosure. You also waive all claims of liability against Pure Potential, its directors, coaches, trainers, NYSL and the City of Napa. The player(s) I send to Pure Potential Soccer Training Camp will participate using protective equipment and they do so at their own risk. In case of emergency, I hereby consent to medical examination and/or treatment for the player.

Signature X _____

Print Name _____ **Date** _____

Relationship to Player _____

- **Please bring each day: Shin Guards, Cleats, Running Shoes, Sun Screen and a Water Bottle.**
- Pure Potential welcomes all phone calls and emails regarding our camps, programs and staff. We would like to thank you in advance for allowing Pure Potential to develop your player's "Pure Potential".