

LAWRENCEVILLE



UNITED

This form must be completed and delivered or mailed to:

Sarah Ralich
Lawrenceville United
4825 Butler Street
Pittsburgh, PA 15201

SUMMER CELEBRATION 2010! DAY CAMP & SOCCER
REGISTRATION FORM

| CHILD NAME | MEDICAL CONDITIONS | BIRTH DATE | AGE | GENDER (M / F) | SHIRT SIZE |
|------------|--------------------|------------|-----|----------------|------------|
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PARENT / GUARDIAN 1: _____

PARENT / GUARDIAN 2: _____

ADDRESS: _____ Zip Code: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

INSURANCE COMPANY: _____ POLICY NUMBER: _____

INTERNET ACCESS: YES NO

IF YES, EMAIL ADDRESS: _____

FOLLOW UPDATES OUT THE CAMP ON OUR BLOG: lawrencevillesummercelebration.blogspot.com

PARENTAL CONSENT

My child/children have my/our full permission to participate in the Lawrenceville United/Weed and Seed/City of Pittsburgh (Partnership) designated above. I/We relieve the Partnership and its officials from all responsibility for injuries which may occur while participating in the sport. I/We understand the risks involved in athletic competition/recreational activities dedicated for youth participation and voluntarily consent to accept the consequences of those risks in exchange for the opportunity for our child/children to participate.

If applicable, I/We agree to pay in full the registration fee established prior to the draft of my child/children, and understand that my child/children will not be permitted to participate until said registration fee is paid in full.

If applicable, I/We accept responsibility for the return of my/our child's/children's uniform(s) to the Association at the end of the season. I understand that if I/We do not, I/We agree to pay for the total cost of replacement upon receipt of invoice by the Association.

Parent/Guardian Signature: _____

Date: _____

LAWRENCEVILLE UNITED PICTURE CONSENT FORM

I, (*print full name*) _____ hereby grant permission for Lawrenceville United to photograph my child and use the photographs for media and promotional purposes.

Child/Children's Name(s): _____

Date: _____

Parent/Guardian Signature: _____

Date: _____