



LAWRENCEVILLE UNITED

a decade of improving the quality of life for our residents



Lawrenceville Summer Camp 2011 Registration

CHILD NAME	MEDICAL CONDITIONS	BIRTH DATE	AGE	(M / F)	DAY CAMP	UNITY ART	SOCCER
Parent / guardian 1:							
Parent / guardian 2:							
Address:							
Phone:							
Email:							
Insurance company:							
Policy Number:							
Emergency contact:							
Phone/ Email:							
Relationship to Child:							

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 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: _____