



**2009 Paul Klover/Sedalia Select Soccer Camp
June 28 – July 1 - Clover Dell Soccer Park**

Player Name: _____

Team Name: _____

Gender (circle) M F Age: ___ Date of Birth ___/___/___

Address: _____

City: _____ State _____ Zip: _____

Phone (_____) _____ Mobile (_____) _____

Parent/Guardian _____

E-Mail: _____

Camp T-shirt Size (circle)

Total Amount Enclosed:

YS YM YL / AS AM AL

\$ _____

\$55.00 per participant

Make Checks Payable to: **PKSA**

Complete Waiver and Registration information attached your check or money order and mail to:

PKSA/Sedalia Select: Adam Braverman
1940 W Timber Ridge Drive
Sedalia, MO 65301

**Deadline:
June 19, 2009
To reserve your spot**

Insurance and Medical Care

Waiver of Liability and Disclaimer: To induce Paul Klover Soccer Association (PKSA) to accept registration and permit participation in camp activities by the named individual, I, the parent/guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless PSKA, its coaches, and representatives, from any claim rising out of injury to the named individual. I also hold harmless PKSA, its coaches, and representatives, from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs. Emergency Authorization: I the undersigned parent/guardian of the participant, a minor, hereby authorize the coaches of PKSA to secure all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care, which he/she may deem necessary. I, the undersigned parent/guardian of the participant certify that my child is physically fit to attend this camp.

Parent/Guardian Signature _____

Emergency Name: _____

Emergency Phone: (_____) _____

Date _____