



Mail this form to:
Dallas Texans
2013 Wing Point Lane
Plano, Texas 75093

2011 Summer Soccer Camp Registration & Release Form

Players Name: _____

Parent's Name: _____

Date of Birth: _____ Gender _____

Phone: _____ Cell or work _____

Address: _____

City and State: _____ Zip _____

E-mail address: _____

Select Camp

Camp	Dates	Times	Total Camp Fee	Deposit
<input type="checkbox"/> North	June 6-10	6:00p-8:00p	100.00	25.00
<input type="checkbox"/> Fort Worth	June 6-10	6:00p-8:00p	100.00	25.00
<input type="checkbox"/> South	June 3 (&)	6:00p-8:00p	75.00	25.00
South	June 4	9:00a-12:00p & 1:00p-3:00p		
<input type="checkbox"/> Dallas	June 20-24	6:00p-8:00p	100.00	25.00
<input type="checkbox"/> WTX	May 30-June 2	9:00a-11:30a	80.00	25.00

(Check or money order payable to the Dallas Texans Soccer Camps)
No pro-rated daily payments – No refunds

Liability Release and medical Authorization

The above named camper is in good health and has my permission to participate in the Dallas Texans Soccer Camp. In case of emergency, I grant permission for my child or ward to receive emergency treatment. In consideration of the acceptance of my child or ward to the Dallas Texans Soccer Camp, I hereby, for myself and my child or ward, release the Dallas Texans Soccer Club, its affiliates and its respective coaches, employees, officers, directors, agents, officials, volunteers, sponsors and owner of the facility from and against any liability claims or demands for any injury illness or death incurred at or arising by virtue of participation in the Dallas Texans Soccer Camp. I also, for myself and my child or ward assume complete financial responsibility for any personal injury or property damage created as a result of an intentional or neglectful act of my child or ward as he/she is participating in the Dallas Texans Soccer Camp.

Parent signature _____ Date _____