HANK GEORGE SOCCER CAMPS/CLINICS PLAYER REGISTRATION FORM

I certify that my child is in excellent physical health, and may participate in strenuous physical activities, or any sports to be played at clinic/camp/club tryout/training. I fully understand that in undertaking this training program some risk may be involved as in any activity, and I fully assume that risk.

Permission is granted for my son or daughter to receive emergency medical treatment if needed, and I hereby release Hank George, Hammer Futbol Club, and their affiliated entities from all liability, claims, demands, and causes of action of personal injury, property damage and/or other loss suffered by my child in connection with his/her participation in the tryout, camp, clinic and training.

I have read and understand this form and the program it described, and I do voluntarily request the right to participate in the program. I represent that I am a parent/guardian to the minor named below and agree that the grant and release contained therein binds the minor and me to all terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Athlete (print name): Date of Birth: Age:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Address: City/Town: Zip Code:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: Home Phone: Cell Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to notify if parent/Guardian is unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summer Camp Date: (Ages 7 – 15 - select session or sessions you will attend)

\_\_\_ Session 1: Monday, July 7th – Friday, July 11th, 2025

\_\_\_ Session 2: Monday, July 14th – Friday, July 18th, 2025

Cost: Full-Day $350 from 10:00 AM – 4:00 PM

Half-Day $175 from 10:00 AM – 1:00 PM

Time: 10:00 A.M to 4:00 PM – arrive at 9:45 for check in! Bring snacks and drinks for break period, and soccer ball.

Registration: Early registration on or before April 1, 2023, receives $25 discount, and deadline for all registration is May 30, 2023.

Make check or money order payable to ‘Hammer FC’ and mail to :

Hank George

366 High Street, Central Falls RI. 02863