



## Southern Crescent Goalkeeper Academy Summer Camp Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone – Home: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Emergency Contact – Name and Number: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Current team: \_\_\_\_\_

I hereby allow my child to participate in the Southern Crescent Goalkeeper Academy Summer Camp offered by Glen Fox and his Staff. By execution of this release, I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his participation in this clinic, and therefore release and hold harmless Glen Fox and all personnel associated with this program, from any and all liability that may result from this participation.

I declare that I am the parent of the above named minor.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Mail Application in

Mailing address: Southern Crescent Goalkeeper Academy PO Box: 2196 Peachtree City GA, 30269