



Registration

Spring Break Camp\
March 11th – March 15th

Return bottom half of the
form and check made
payable to:
Wesley Noble
468 Edgewood Xing
Brandon, MS 39042

Player Information

First Name: _____ Last Name: _____ Age: _____ DOB: ___/___/___ M/F: _____
Address: _____ City: _____ State: _____ Zip: _____
School & Grade: _____ Team & Coach: _____ Coach Contact: _____

In Case of an Emergency

Parent or Guardian: _____ Email address: _____
Cell: _____ Parent or Guardian work place & phone: _____
T-Shirt Size: YS YM YL AS AM AL AXL (please circle) *Please list any allergies or additional info on the back of this form.*

It is specifically understood and agreed that BFC Coaches shall not be responsible for any claim(s) or causes of action resulting from a participant's injury while attending this soccer program. Parent's understand and agree that each participant will not be permitted to attend and participate in the BFC Camp until this document has been signed and returned to the local coordinator, therefore, each participant will participate in the soccer program at his/her own risk.

I have read and understand the terms of this agreement and, by signing, do release BFC Staff coaches from all liability resulting in the event of injury to my child.

Name: _____ Date: _____

BRANDON FUTBOL CLUB

