

**Registration Form
Our Lady of Mercy Soccer Camp**

Camper's Name _____

Address _____ City _____ State _____ Zip _____

School Attending Now _____ Grade _____ Age _____

Please select:

T-shirt size: Youth : Medium, Large, X-Large
 Adult: Small, Medium, Large, X-Large

Parent Permission Form

Parent/Guardian authorization: my daughter _____ had a recent physical examination and is physically able to participate in all camp activities. I hereby release the camp directors and staff, Mercy High School and all its employees from all claims (present and future) resulting from injuries that may be sustained by my daughter while attending Mercy High School's Soccer Camp.

Parent/Guardian's Signature _____

Father's work number _____ Mother's work number _____

Home phone _____ Other Emergency Number _____

Withdrawal Information

I understand that a camper is admitted only upon the expressed condition that she has accident insurance.

In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the coaching staff at Mercy High School's Soccer Camp or a physician to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my child. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the Mercy Soccer Camp.

Parent or Guardian Signature _____ Date _____

Please return the form with your payment of \$130 by June 20, 2022

Make checks payable to Donna Trost.

**Send it to: Donna Trost
5 Winding Road
Rochester, NY 14618**

