



## UAGS Youth Camp Registration Form

JUNE 13-16, 2022 Tremont Turf Field  
Grades 1-5: 4:15-5:45 PM  
Grades 6-8: 5:30-7:00 PM

Please complete this registration form and mail it with a check for the \$110 camp fee made payable to: Upper Arlington Girls Soccer, 2370 Beaumont Road, Upper Arlington, OH 43221 For questions, please contact Andrew Kessinger at [awkess@att.net](mailto:awkess@att.net) or Chad Blomgren at [cblomgren39@gmail.com](mailto:cblomgren39@gmail.com)

PLAYER'S NAME: \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_

PARENT OR GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT OR GUARDIAN'S EMAIL ADDRESS: \_\_\_\_\_

PARENT OR GUARDIAN'S BEST CONTACT PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

T-SHIRT SIZE (CIRCLE ONE):    YS   YM   YL   XS   S   M   L

### Emergency Medical Treatment Authorization

I (we) being the legal guardian(s) of the participant, authorize the UAGS Camp, its staff, directors, or agents to request medical treatment as may be deemed reasonable by the UAGS Camp to insure the well being of the Participant. I (we) have attached a written statement detailing all physical limitations, medications, allergies and/or medical conditions that may be required and helpful in providing medical attention for the Participant.

\_\_\_\_\_ The Participant has had a satisfactory physical within the last year (initial).

\_\_\_\_\_ The Participant has permission to participate in the UAGS Camp (initial).

Signature of Guardian(s): \_\_\_\_\_

Waiver and Release I (we) the undersigned, for ourselves, our heirs, executors, and administrators; waive, release, hold, harmless, indemnify, and forever discharge the UAGS, its staff, directors, agents, representatives, employees, successors, and assigns from, any and all liability, claims, judgments, demands or damages arising out of or in connections with bodily injuries, sustained by the participating during her participation in the UAGS Camp regardless of the nature or cause of such injuries. By signing below, I (we) certify that the Participant is physically fit and capable of playing soccer; and, that I (we) have full and absolute authority to grant permission on behalf of the Participant. I (we) also understand that the UAGS Camp is not a function of the Upper Arlington City Schools.

Signature of Guardian(s): \_\_\_\_\_