



## Callaghan's English Soccer Camp Registration Summer 2010

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| <input type="checkbox"/> <b>July 26th-30th, 2010 / 9 am—12 noon</b><br><br><input type="checkbox"/> <b>Aug 2nd-6th 2010 / 9 am—12 noon</b> | <input type="checkbox"/> <b>July 26th-30th, 2010 / 2—5 pm</b><br><br><input type="checkbox"/> <b>August 2nd—6th, 2010 2—5 pm</b> |
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First and Last Name of Player #1:	M	F	DoB:
First and Last Name of Player #2:	M	F	DoB:
First and Last Name of Player #3:	M	F	DoB:
Street Address:	City:	State:	Zip:
Phone Number:	Email Address:		
Emergency Phone Number:			
Name of Physician:	Phone Number:		

In signing this waiver I hereby release Callaghan's English Soccer Camps, all it's staff and all affiliated groups from any responsibility for any injury sustained by my son(s) or daughter(s) during participation in or travel to or from this soccer camp. I will not hold same responsible for medical payments for accidents or injuries sustained. I also grant permission for emergency medical treatment to be administered if deemed necessary by C.E.S.C. or emergency services staff.

Name of Parent/Guardian:	Date:
Signature:	Phone Number:

Bring: Water, Ball, Shin guards, sunscreen, snack  
Cost: Cost: \$110.00 per week. (Or \$200 for full day camp per week)  
Venue: Salvador Perez Park (The "train park".)  
Checks payable to: Callaghan's English Soccer Camps  
Mail to: Attention Sarah Wallace, 2339 Calle Reina, Santa Fe, NM. 87507  
Contact: Sarah Wallace (505) 930 0451