

Northview High School Soccer Camp registration

June 1st-4th (9am-4pm)

Campers Name: _____

Birth Date: (m/d/y) _____ Age: _____

How did you hear about our Soccer Camp?

Current position: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell: _____

Medical Conditions: _____

Parent(s)/Guardian: _____

Email Address: _____

If you cannot be reached, who should we contact in case of an emergency?

Emergency Contact Name: _____

Relationship to child: _____

Day-time Phone Number: _____

T-Shirt Size: (*Circle One*) Youth : S, M, L Adult: S, M, L

**We will do our best to have the right size for each player.*

Location: Northview High School

Price: \$295 per child plus \$10 per day if late pick up is needed

Late pick up needed – Tue ___ Wed ___ Thur ___ Fri ___ (check if needed)

(Pick up is at 4pm. Any parents not able to pick up until 4:15pm or later is considered a late pick up. 5:45pm is the latest a child can be picked up.)

Please make checks out to: Northview High School

Please complete this form in its entirety and have it signed and mailed with the full payment to the address below in order to reserve your spot prior to May 15th.

Synergy Release Sports

Attn: Michael Hatrak

6495 Shiloh Rd Suite A2-110

Alpharetta, GA 30005

Questions: Please contact Michael Hatrak Jr. with all questions.

Office-770-740-9200 Direct-770-815-6283 email – michaelhatrak@yahoo.com

Signature of Parent/Guardian Date:

Go to Synergyreleasesports.com/soccercamp for more information.