



Briarwood Ambassador Holiday Camp

REGISTRATION FORM

Complete and drop off this form with \$75.00 for the cost of the camp (payable by cash or check, to Briarwood Soccer Club) to the Quest (Recreation) Office at Briarwood Presbyterian Church or mail to: Ambassador Soccer Camp, c/o Briarwood Soccer Club, 2200 Briarwood Way , Birmingham, Alabama 35243 Please do not mail cash.

Child's Name _____ Parents Names: _____

Address _____ City/State/Zip _____

Date of Birth _____ Male/Female _____ School: _____ Church: _____

Email #1: _____

Email #2: _____ Cell Mom _____ Cell Dad _____

Fall 2022 Team played for: _____

[For Registrar's Use Only]: Date Registered ____ Amount Paid _____ Check Number _____

Should the parent or guardian (primary contact) not be available, who should we contact (secondary contact) in case of emergency?

Name: _____ Relation: _____ Phone: _____

Consent Statement: I, the undersigned parent/guardian, do hereby grant permission for my son/ daughter, named above, to attend the Briarwood Soccer Club's Ambassador Holiday soccer camp. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the course of the camp, I hereby authorize the camp staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp. I hereby release Briarwood Presbyterian Church, Briarwood Christian School, and the Camp staff from any and all liability, claims, demands, and causes of action for personal injuries or loss that my son/daughter may sustain during the camp.

Minor (Child) Photo Release Form:

I grant Quest Recreation my permission to use the photographs described as for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

- Yes
- No

_____ Date

_____ Signature of Parent or Guardian