

**Ridgewood Club of Chapel Hill
Soccer Camp Registration
Monday – Thursday, June 28-July 1, 9:00 am – 12:00 noon
Girls and Boys – ages 5-8**

Child's Full Name: _____ Age: _____

Youth T-shirt Size: S M L XL

Parent 1 Name: _____

Address: _____

Phone Numbers: _____

Parent 2 Name: _____

Address (if different): _____

Phone Numbers: _____

Other Authorized Pickup Persons: _____

Parent Signature: _____

Fees: \$65 for Ridgewood Club Members, \$85 for Nonmembers. Payment made by check payable to Robert Smith, 1502 Murray Lane, Chapel Hill, NC.

Questions: Call Rob Smith @ 816-7185 or email rfs@nc.rr.com

What to bring: Tennis shoes (we'll play on grass and on basketball court), shin guards, swim suit, wear sun screen, towel, healthy snack.

**Ridgewood Club of Chapel Hill
Release of Liability and Consent for Medical Treatment**

Child's Full Name: _____

Physician's Name, Address, Telephone: _____

Dentist's Name and Telephone: _____

Any Allergies: _____

Any medications: _____

Date of last tetanus shot: _____

Is there any additional medical information we should know about your child?

Insurance Company and Policy Number: _____

Insurance Company Phone Number: _____

I, the undersigned, do voluntarily agree to release and hold harmless the Ridgewood Club of Chapel Hill, Inc, and its Summer Camp Sponsors and Counselors from any claim, demand, cause of action for injury to the above named participant(s) which arises out of or is any way connected to the Ridgewood Summer Camp programs and any travel in connection with such programs. Ridgewood Club of Chapel Hill, Inc and its Summer Camp Sponsors and Counselors will not be responsible in case of accident, illness or property damage. I acknowledge that my child's experience in the Summer Camp program at Ridgewood Club of Chapel Hill, Inc will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance of my child coming into contact with the following hazards including (but not limited to): ticks, chiggers, poison ivy/oak, and bees. I further acknowledge that the Summer Camp Sponsors and Counselors are not responsible for any bug bites, sunburns or possible illnesses that may result from my child participating in the outdoor activities. My signature below authorizes the Summer Camp Sponsor to request emergency treatment for my child if the situation warrants and I am unable to be contacted. I hereby assume responsibility of payment for such treatment. I agree that the foregoing Release of Liability applies to persons or entities rendering emergency medical treatment.

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date