

**Onsite Registration Form**  
*One Registration Form per Camper*

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Select Camp(s):

<b>Jun 10-13: Grades K-8</b>	
<i>Includes a shirt.</i>	
<input type="checkbox"/> Field Players (K-2)	\$55
<input type="checkbox"/> Field Players (3-8)	\$65
<hr/>	
<b><i>Shirt deadline for Summer Camp:</i></b>	
<b><i>Registration received by June 7</i></b>	

***Players who register after the shirt deadline will not receive a shirt***

Select Free T-Shirt Size:                     **YS**     **YM**     **YL**     **AS**     **AM**     **AL**     **AXL**

**Total Amount Enclosed \$ \_\_\_\_\_**

Register and pay online at least one day before each camp at [www.cougarsoccer.ezregister.com](http://www.cougarsoccer.ezregister.com).

You can also write a check payable to **AHS Boys Soccer** and mail it with this form to the school so it arrives no later than June 7. **Onsite registration is also available.**

**Jose Cuellar, AHS Soccer Camps, 6500 Alexander Parkway, Douglasville, GA 30135**

**jose.cuellar@dcssga.org    Work: (770) 651-6063    Cell: (770)-851-4665**

I/We the undersigned do hereby assume all risk for injury to our child (camper). I/ We release the Douglas County School System, Board of Education and camp instructors from any liability, as far as our child (camper) is concerned. I/We also grant permission for emergency medical treatment in the event I/We cannot be reached. We also grant permission to AHS Boys soccer to use pictures of my child in action to promote future events. **ALL CAMPERS MUST WEAR APPROPRIATE CLOTHING, WEAR SHINGUARDS, AND BRING THEIR OWN BALL.**

Parent/Guardian \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Cell Phone \_\_\_\_\_