

YELLOWSTONE



JUNE 12-15, 2017

KIRK PARK – BOZEMAN, MT

# Participant Information

## GENERAL

Child's Name: \_\_\_\_\_

Grade for Fall 2017: \_\_\_\_\_ Buddy Preference: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size: (please select – youth or adult!)  YS  YM  YL  AS  AM  AL

## PARENT / GUARDIAN

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

*List anyone else authorized to pick up child; sign out will be required each day*

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## MEDICAL

List any allergies: \_\_\_\_\_

Any other medical conditions of which the staff should be aware: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# 2017 Yellowstone Soccer Experience!



## PERMISSION

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend Yellowstone Soccer Experience. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during Yellowstone Soccer Experience, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and the sponsoring organization, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child 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.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp.

I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

**Name of Parent or Guardian:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PAYMENT

\$100 per participant     \$90 each for multiple participants from one household (10% discount)

Paid online             Payment enclosed             Payment by phone

*Please make checks payable to Yellowstone Theological Institute*

## RETURN FORM TO:

**Yellowstone Theological Institute**

P.O. Box 1347 | Bozeman, MT 59771 | soccer@yellowstonetheology.org