

Sporting Omaha FC  
14706 Giles Rd Omaha, NE  
68138



## MLK Day Soccer Camp Registration Form

**Event Date:** Monday January 15th, 2018

**Location:** Omaha Sport Complex, 14706 Giles Road Omaha, NE 68138

**Ages:** Children born in 2010, 2009, 2008, 2007, 2006 & 2005

The camp is designed for players in a Youth Recreational program.

**Times:**

**2-3:30pm for birth years 2010, 2009 & 2008**

**2pm-4pm for birth years 2007, 2006 & 2005**

**Cost:**

**\$15, for birth years 2010, 2009 & 2008** payable to Sporting Omaha FC

**\$20, for birth years 2007, 2006 & 2005** payable to Sporting Omaha FC

Player's First Name: \_\_\_\_\_

Parent's Last Name: \_\_\_\_\_

**Player's birth year:** \_\_\_\_\_ **Gender:** **Male**      **Female**

Amount Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_ (Checks Payable to SOFC)

**Email Address:** \_\_\_\_\_

A reminder will be sent the week prior to camp to your email address.

**Any Health Concerns:** \_\_\_\_\_

**Liability Waiver** I / We the parents and or guardians of the above named player give permission for the above named player to take part in all activities during MLK Day Camp. We understand that, as with any sport, injuries can occur and that we the parents and or guardian do not hold Millard Star Soccer Association, Omaha FC Properties, Omaha Football Club, successors, agents, representatives, volunteers, and or any clinicians liable for any accident or injuries occurred during the above said session. The camp organizer and clinicians will not be held responsible for any loss or damage to any camper's equipment during camp.

**Medical Waiver Form** I / We the Parents or guardians understand that our child will be taking part in physical activity during the dates and times of the said session. We the parents and or guardians acknowledge that the registered player is in good health and is mentally capable of taking part in all activities.

**Signature of Parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contact name and cell #** \_\_\_\_\_

Please call the Sporting Omaha FC office with any questions. 402-896-4420

**Mail or drop completed form & payment to: Sporting Omaha FC c/o Christina Lewis  
14706 Giles Road Omaha, NE 68138**