

Butler Youth Soccer Camp

Walk-up Registration

Camp (Circle One) **DAY CAMP 1** **DAY CAMP 2** **STRIKER DEFENDER GK**

Name (Last) _____ (First) _____

DOB _____ Age (at time of camp) _____ T-Shirt Size _____

(Circle One) **ELITE** **FULL-DAY** **HALF-DAY**

Address _____

Parent's Names _____

Phone # _____ 2nd Phone # _____

Email _____ 2nd Email _____

Emergency Contact Name _____

Emergency Contact #'s _____ or _____

Physician's Name _____ Physician Phone # _____

Insurance Provider _____

Policy ID _____ Policy Holder _____

Special Medical Concerns/Issues

Special Requests

