

**Butler Youth Soccer Camp**

Walk-up Registration

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

Parent's Names \_\_\_\_\_

Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

Email \_\_\_\_\_ 2<sup>nd</sup> Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact #'s \_\_\_\_\_ or \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy ID \_\_\_\_\_

Special Medical Concerns/Issues

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Requests

\_\_\_\_\_  
\_\_\_\_\_