



Summer Camp with
NWUnited's Top Trainer Kristian Powell
August 9 to 13. Cost \$65.00

Player Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Phone: Home: _____ Cell: _____ Cell: _____

Email(s): _____

Prior Soccer Experience: _____

Waiver and Release: I give permission for my child to participate in the NWUnited Summer Camp. I understand that soccer is sport in which serious injuries occur. I warrant that my child has no disabilities or special health considerations that prevent him/her from participating in physical activities including soccer training. I grant permission to NWUnited FC and its representatives to seek emergency medical care for my child. I, for myself, my child, our heirs, executors and administrators, waive, release and forever discharge NWUnited FC and Skagit Valley Youth Soccer Association from any and all liability, claims and causes of action arising from or related to any loss, personal injury or property damage that may be sustained as a result of participation this activity.

Player Signature (Date) () Parent/Guardian Signature (Date) ()

When completed, please return this form and your check for \$65 to:

NWUnited Summer Camps
2 Marigold Dr Apt 6
Bellingham WA 98229

Phone No: (360) 630-8557

kristian_powell@hotmail.com