



WBSA Summer Camps 2021

Registration form

Circle the weeks your child will be attending

June -August 2021

- June 14-18 21-25
- June 28- July 2 12-16 19-23 26-30
- Aug. 2-6 9-13

Greenbriar Park, Fairfax Virginia.

Name of child: _____ Age: _____

Address: _____ state: _____ zip: _____

Home#: _____ Cell#: _____

DOB: ___/___/___

Emergency Contact : _____ Phone#: _____

I, _____

give my consent for son / daughter _____

to attend WBSA Summer camp 2021.

Medication: Yes () No () - If Yes, Please

indicate _____ Allergies: Yes () No () - If Yes,

Please indicate _____

Waiver and Release

I, the guardian/parent of _____, understand that there are certain risks of injury or COVID 19 contagious inherent in the practice and play of this sport or activity, as well as in traveling and other related activities incidental to my participation, and I am willing to assume these risks. In addition of giving my full consent for my child participation, I do hereby waive, release and hold harmless the WBSA Soccer Camps, its officers, coaches, sponsors, supervisors and representatives for any injury that my child may be suffered by participation in the designated sport or activity and the activities incidental thereto, whether the result of negligence or any other cause.

Signature: _____ Date _____

(Parent/ guardian signature)