

# GISA's Futsal Registration Form

Directed by GISA's Director of Coaching Lee Swafford

**Location:** Old Glynn Middle Gym behind Glynn Academy off Egmont Street, Brunswick GA **Time:** 4:30pm-7:00pm **Dates:** June 15, 21, 28 & July 6 **Ages:** 7-9, 4:30-5:45pm **Ages:** 9-13 , 5:45-7pm  
Limited Space Available for each session

Complete and send the registration form and payment for program of \$25 to:

**Lee Swafford**  
**118 Riverview Drive**  
**St. Simons Island, GA 31522**  
*Make checks payable to: Lee Swafford*

Players Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parents Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Phone (C) \_\_\_\_\_ Email \_\_\_\_\_

### **\*GISA's Futsal Release Statement\***

I/We the undersigned hereby certify that I/we am/are the parent(s) or legal guardian(s) of the camper. I/We hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Lee Swafford and staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Camp activities or while at Camp, whether or not damages, injury or loss is due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

### **OFFICE USE ONLY**

Date received: \_\_\_\_\_ CK# \_\_\_\_\_ Amount: \_\_\_\_\_