



Core Soccer Academy Registration Form
Core Soccer Academy, 1502 Tang Ct., Fort Collins, CO 80526
Phone (970) 207-1886 or Fax: 970-207-1486

Name _____ Team _____

Age: _____ DOB: _____ Gender: M/F Primary Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Emergency Phone: _____ Email _____

Laramie Winter Camp 2012 - \$10 Payment Check# _____ Cash \$ _____

Parents Release for Medical Treatment — My child has my permission to play soccer. On my child's behalf, I hereby release persons with Core Soccer, The University of Wyoming, and Laramie Blizzard Soccer of liability for injury from risks normally associated with playing or watching soccer. I authorize the coaches or training officials to obtain medical attention for my child in case of any emergency if unable to reach the physician state below, and I release them from any responsibility for such medical attention.

Parent/Guardian signature: _____ Date: _____

Name of Physician _____ Phone: _____

Please list any known Allergies, Disabilities or Medical Problems: _____
