



South Jersey Elite Barons Camp Registration Form

Please place an 'x' in the row of the camp you are registering your child for and put the total in the bottom row of the column.

Make Checks Payable to : **"SJ Elite Barons"** and Mail to: **SJ Elite Camps, P.O. Box 723, Turnersville, NJ, 08012.**

We are unable to apply a refund for cancellations due to adverse weather.

Date	Camp Type	Ages	Times	Venue	Cost	Tick Box
July 26th - 29th	Goalkeepers & Strikers (Camp)	U9 - U14 B&G	5:30pm - 8:30pm	Mantua	\$140	
July 26th - 29th	Skills & Agility Camp	U8 - U14 B&G	5:30pm - 8:30pm	Mantua	\$100	
Aug 2nd - 5th	Open Camp	4-6 yr old B&G	9:00am - 10:30am	Mantua	\$50	
Aug 2nd - 5th	Open Camp	U8 - U13 B&G	9:00am - 12:00pm	Mantua	\$100	
Aug 2nd - 5th	Position Specific (Strikers Camp)	U9 - U14 B&G	9:00am - 12:00pm	Mantua	\$100	
Aug 2nd - 5th	High School Camp	U14 - U18 B&G	9:00am - 12:00pm	Mantua	\$100	
Apply a \$25 discount if registering for two camps						
Total						

Player Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Email: _____

Mother Cell: _____

Father Cell: _____

D/O/B: ____/____/____ Gender: M F

Medical Release Statement

I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of the South Jersey Elite Barons SC (SJEB) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for SJEB accepting the registrant for its soccer programs and activities (The Programs), I hereby release, discharge and/or otherwise indemnify SJEB and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the game, tryout, scrimmage, event or group practice which transportation I hereby authorize.

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care provided by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent/Guardian Signature: _____ Date: _____