



TRINITY SPORTS CAMPS WINTER CAMP REGISTRATION FORM 2011

CAMPER INFO

FIRST NAME _____ MIDDLE INITIAL ___ LAST NAME _____ D.O.B. ___/___/___
STREET ADDRESS _____ CITY _____ ZIP _____
E-MAIL ADDRESS _____@_____ T-SHIRT SIZE S / M / L / XL / XXL

EMERGENCY CONTACT

FIRST NAME _____ LAST NAME _____ RELATIONSHIP TO CAMPER _____
PHONE NUMBER (____) ____-____ ALTERNATE PHONE NUMBER (____) ____-____

MAIL PAYMENTS AND COMPLETED FORMS TO:

TRINITY SPORTS CAMPS 8385 SW FANNO CREEK DR TIGARD OR 97224

Medical Information

Injuries: _____

Allergies: _____

Does Athlete Have their own Inhaler? Y N

Other Medical Concerns: _____



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IMAGE RELEASE

Please sign an image release ONLY IF you would like to have your picture or possibly video on the website. We currently have a section on www.trinitysportscamps.com that has photos of the campers. This information will be kept private and if you would rather not have your child's image on the internet site please sign below in the appropriate box. Thank you for the opportunity to work with your athletes, they are proving to be the hardest working camp we have had.

I give Trinity Sports Camps my full permission to use pictures and/or videos of

_____ from Trinity Sports Soccer Camp on their website www.trinitysportscamps.com.

Signature: _____ Date: _____

I DO NOT give Trinity Sports Camps my full permission to use pictures and/or videos of

_____ from Trinity Sports Soccer Camp in any way.

Signature: _____ Date: _____