



**Georgia International Soccer Academy, LLC
Vinings Creative Learning Center**

Summer 2009

REGISTRATION FORM

Wednesday 2:00- 2:30

June 3, 2009 to August 12, 2009

\$120.00

(Please Print)

Today's date:							
PERSONAL INFORMATION							
last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Years of playing experience	
Current Club:							
Playing age U-	Primary Position :		<input type="checkbox"/> M	<input type="checkbox"/> F	Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Home phone no.:		()	
P.O. box:		City:	State:		ZIP Code:		
School:		Grade:					
How did you hear about the course (please check one box):							
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Club official	<input type="checkbox"/> On-Line	<input type="checkbox"/> e-mail	<input type="checkbox"/> Brochure	<input type="checkbox"/> Other	

Liability Release: I hereby assume all risk of accident, harm or injury to the child which may arise from participant in the G-ISA elite summer camp and therefore indemnify, defend, release and hold harmless forever and discharge the camp, the South Cobb YMCA, Vinings Creative Learning Center, Garvin Quamina, Carla Neal-Haley, contractors, agents and other personnel for liability, claims, demands, costs and actions that may result from participation in the camp. In addition, I hereby give my permission and authorization for emergency or routine medical treatment in the event I can not be reached in a timely manor. Furthermore, I understand that pictures obtained during camp sessions may be used for G-ISA marketing and advertising.

PAYMENT INFORMATION			
Check	#	\$	
Credit card No	Exp	Security Code	
Cash	\$	Receipt:	
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone no.: ()
			Work phone no.: ()
Refunds will be given with 14 day notice less a 25.00 administrative fee.			
_____		_____	
<i>signature</i>		<i>Date</i>	