LAZERS SOCCER CAMP



Camp Registration form

Camp Sessions: July 1-5, 8am-11am

Wake Christian Academy

5500 Wake Academy Dr, Raleigh NC 27603

Boys & Girls Ages 7-15

Cost \$110, includes FREE T-Shirt

First Name	Last Name_		
Address			
City	State	Zip	
Home Phone	Cell Phone		
Grade	Parents Email		

T-shirt Size: YM,YL,AS,AM,AL

Complete Registration Form and Medical Waiver in entirety and mail to Lazers Soccer Club c/o Cory Combs 1725 Tall Cane Cr, Willow Springs, NC 27592. Payment can be mailed or paid online at lazerssoccerclub.org. If you have any questions feel free to call Coach Cory at 919.333.3486

ABOUT THE LAZERS:

The Lazers Soccer camp is designed to accommodate children who are interested in soccer...beginners and the experienced. Soccer should be as much fun to learn as it is to play! Owner, Club Director and Head Coach, Cory Combs, holds a National "D" license and has coached at FVAA, JUSA and Wake Christian Academy. He is currently the Head Coach for the Wake Christian Middle School Boys and Girls soccer teams as well as the Head Coach for the 04 Girls, 05 Girls and 05 Boys LSC teams. If you have any questions, please contact Coach Cory by calling (919) 567-0869 (Home), (919) 333-3486 (Cell) or via email at lazerssoccer118@yahoo.com. Please join us for fun and fellowship!

LAZERS SOCCER CAMP

July 1-5, 2019

Name of Registrant:	
Address:	
City, State, Zip:	
Date of Birth:	
Gender (circle): Male Female	
Home Phone:	
Work Phone:	
Cell Phone:	
Email:	
Parents Name:	
Emergency Contact:	
Insurance Carrier & Policy Number:	
Medical Conditions:	
Summer Camp - LAZERS WAIVER RELEASE FORM	
I hereby give permission for my child, to participate in the Lazers Summer Camps. I use there are risks involved with participation in youth soccer programs and here responsibility for all risks and hazards incidental to this program and do so further resindemnify and hold harmless Coach Cory Combs and all volunteers involved with this participate.	eby assume all elease, absolve,
Signature:	
Printed Name:	
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