

2 for 7 Sports CAMPER REGISTRATION FORM

Bio Information

Camper Name _____ Birthdate _____ Grad Year _____

Parent/Guardian Name: _____ Phone _____

Camp Registering For _____

Overnight? Yes No Email _____ Phone _____

Address _____ State _____ Zip _____

Athletic Information

Club Team (HS if none) _____ Position: Attack Midfield Defense Goalie

T-shirt size (Unisex): Small Medium Large Years of Playing Experience _____

Rate Your Skill Compared to Peers 1-5 (1 being the best) _____

Additional Information

Emergency Contact Name _____ Phone _____

Roommate Request (*overnight camps only*) _____

Any Food Allergies: Yes No

If Yes, Please List: _____

Other medical history we should know about? _____

Payment Information

Payment Type: Check Card Cash

Total Amount Enclosed (if check or cash) _____

Card Number _____

Expiration Date _____

Total to Be Charged to Card _____

Email or Phone Number to Send Receipt _____

Camper Medical Form Enclosed? Yes No

Participation Agreement Form Enclosed? Yes No

**Camps & clinics are open to any and all participants, limited only by age and number. If you have 2 or more individuals from the same family attend our summer camp, we will apply a sibling discount of 5% for registrants.