



UNIVERSITY OF MEMPHIS
2008 Elite Soccer Camp
www.gotigersgo.com

APPLICATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Fax: _____

email: _____

Applicant's age: _____ Date of birth: _____

Club Team: _____

High School: _____

Athlete's signature: _____

Parent/Guardian signature: _____

T-shirt size (adult): S M L XL

Mail application and medical waiver to:

The University of Memphis
Elite Soccer Camp, Nick Glaser
207 Athletic Office Bldg
Memphis, TN 38152

Please make checks (\$75.00 fee) payable to:

The University of Memphis
Elite Soccer Camp—Richie Grant



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MEDICAL INFORMATION.....

Please list any of the applicant's allergies or disabilities:

EMERGENCY CONTACT INFORMATION

Name and contact number: _____ Relationship: _____

Name and contact number: _____ Relationship: _____

Name and contact number: _____ Relationship: _____

Please list any medication the applicant is currently taking—if taking medication at time of camp, please notify us on arrival.

I, the undersigned parent/guardian, do hereby authorize the athletic trainer and coaching staff at the University of Memphis Elite Soccer Camp to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary.

I release the University of Memphis elite Soccer Camp and all their affiliated entities from any and all liability, claims, demands and causes of action for personal injury or loss suffered by my child in connection with participating in this camp.

I also certify that my child is physically fit to attend and participate in the University of Memphis Elite Soccer Camp.

Parent/Guardian name (please print); _____ Date: _____

Parent/Guardian signature: _____ Date: _____