

Intensity Sports HFG Soccer Camp Registration Form

Camper's Name _____ Age _____ Birth Date _____

Gender _____ T-Shirt Size _____ Phone Number _____ - _____ - _____ Cell Phone _____ - _____ - _____

Address _____ City/State/Zip _____

Email Address _____ Parent's Names _____

Emergency Contact _____ Phone Numbers _____

Current Medical Concerns _____

***Checks made payable to Intensity Sports and mailed to 603 Weatherby Rd. Bel Air, MD
21015.

I, _____, agree that Intensity Sports, HFG Rec. Council, and all employees are not held liable for any injury my child could incur.

Parent Signature _____