



WeiKem Soccer Camp - Registration

Dates: July 15-17, 2016; Deadline: June 15, 2016

Mail money order/check (\$50; made out to DASA) and form to Charlie Weir at 33 The Orchards Ln, St. Louis, MO 63132.

Camper Information

Name: _____ Gender: Male Female

Date of birth: _____ Age as of July 15, 2016: _____

Jersey size: Youth S M L Adult: S M L XL Jersey Number: _____

Parent/Guardian: _____

Address: _____ City, State, Zip: _____

Phone (cell/home): _____ Email Address: _____

Emergency Contact (include name and phone number; list at least two (2)):

In addition to Parent/Guardian, the following people have permission to pick up my child (ALL persons (including parents/guardian) are required to show ID to sign out for child dismissal):

Medical Information

Name: _____

Insurance Co: _____ Insurance Co. Phone: _____

Physician's Name: _____ Physician's Phone: _____

Please indicate any special needs or medical conditions your child has:

Please list all medications your child will be taking during the week of camp:

Please list all food allergies your child has:

Signature: _____ Date: _____