2020 Boys' Soccer Summer Camp June 8-12

6:00pm-8:00pm SM South

Please complete and return this registration form to SM South, 5800 W. 107th Street, Overland Park KS 66207

Participant's Name:		Grades(2020):	
Middle School Attended:			
Phone: ()			
Address:			
(Street) Parent Name:	(City)	(State)	(Zip)
ratent Name.			-
Emergency Phone: ()	_		
Email Address:			
I certify that a physician has exame health and able to compete in all directors of the camp to act for memergency situation. I hereby recoverage from injury sustained described by Shawnee Mission School District	camp activities with the according to their lease the camp and uring camp. I also w	nout restrictions. best judgment in its employees fro waive any liabiliti	I authorize then a medical mall claims above test concerning
Signature of person registering pa	articipant:		id w/out signature
Date:			