



Michigan Goalkeeper Academy Registration Form



Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

School _____ Club Team _____

Birthdate _____ Age _____ Sex _____

Email _____

T-Shirt Size (Adult) S M L XL (Please Circle One)

Date	Location	Fee
<input type="checkbox"/> July 7-9	Independence Park (Canton)	\$220.00
<input type="checkbox"/> July 12-16	Rochester College (Rochester Hills)	\$220.00
<input type="checkbox"/> July 19-23	Seymour Lake Park (Oxford)	\$220.00

PLEASE ARRIVE EARLY FOR FIRST DAY REGISTRATION

A NON-REFUNDABLE DEPOSIT OF \$50.00 IS REQUIRED WITH EACH APPLICATION.

PLEASE MAKE CHECKS PAYABLE TO

MARK HAMILTON

BALANCE OF PAYMENT DUE ON FIRST DAY OF CAMP

WAIVER: Neither the **MICHIGAN GOALKEEPER ACADEMY**, the director, nor anyone else connected with the camp assumes responsibility for accidents or any other injuries incurred as a result of attendance at this camp. My parent or guardian authorizes the director of the camp to act in his best judgment in any emergency requiring medical attention. I understand that applicants are required to have health/accident insurance coverage while at camp.

applicants signature

parent or guardians signature

health and accident insurance company

policy #