

Application : SOCCER CAMP

Last name : _____ First Name _____

Birth date : _____

Home telephone : _____ Office _____

Cellphone father : _____

Cellphone Mother : _____

In case of urgency, contact 24h/24 :

Name: _____

Telephone : _____

Email the most used : _____

Any special information related to your child's health : (allergies, others)

Any special treatment your child is following? Name of medicine and direction ?

How will your child go home from the return point & who will pick him/her?

Other Information

Kindly join a photocopy of your health insurance as well as your son/daughter's passport photocopy.