



**\*THIS FORM MUST BE SIGNED AND PRESENTED TO ATLANTIC KICKING INSTITUTE. PLEASE READ SECOND PAGE FOR INSTRUCTIONS.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_

e-mail: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Authorization & Medical Information:**

"By signing my name below, I warrant that I am in good physical condition and able to participate in all physical activities of the Atlantic Kicking Institute program. I have no impediment or condition, which would limit participation in physical activities. I understand and recognize that by participation, there is a risk of injury to myself. I hereby waive, release and forever hold harmless and agree to indemnify the Atlantic Kicking Institute, Tom Edwards individually, Bishop Sullivan Catholic High School, Richmond Diocese, Virginia Rush Soccer, and those respective counties or cities, all volunteer staff members, sponsors, and/or employees from any and all liability for injury to myself or other claims that may arise from participation in the Atlantic Kicking Institute. In the event of an injury, which in the judgment of the camp director, requires medical attention, and a parent or legal guardian cannot be reached at the emergency phone number indicated above, I hereby grant permission to the health care provider including but no way of limitation, injection, anesthesia or surgery for the prior named applicant."

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_



**THE REGISTRATION FORM MUST BE COMPLETED, SIGNED, AND PRESENTED TO ATLANTIC KICKING INSTITUTE BEFORE OR ON THE FIRST DAY OF CAMP. STUDENTS THAT DO NOT PROVIDE THIS INFORMATION WILL NOT BE ALLOWED TO PARTICIPATE.**

**PAYMENT OPTIONS:**

- **BRING COMPLETED REGISTRATION FORM AND CASH/CHECK ON THE FIRST DAY OF CAMP.**
- **IF PAYING ONLINE BY CREDIT CARD, PLEASE USE THE PAYPAL OPTIONS THAT ARE AVAILABLE ON THE WEBSITE.**  
**[WWW.ATLANTICKICKING.COM](http://WWW.ATLANTICKICKING.COM)**
- ***RESERVATION OF POSITION IN A CAMP IS REQUIRED TEN (10) DAYS BEFORE THE RESPECTIVE CAMP BEGINS.***

**ALL PAYMENTS THAT ARE MAILED IN OR RECEIVED ONLINE WILL REQUIRE CONTACT INFORMATION FOR NOTIFICATION WHEN PAYMENT HAS BEEN RECEIVED.**