



Program Price:

\$150 Regular Price
\$ 90 for Andromeda Alumni

Use this form for players
age 18 and older

Andromeda College Prep Soccer Program
Andromeda Training Facility | 4401 E. 14th St, Plano, TX 75074

Jul 12 – Aug 6 | 9:00am – 11:00am
Mon-Wed-Fri plus TBD weekend sessions

Return completed form and full payment on first day of camp

Player Name: _____

Player Address: _____
(Street Address) (City, State) (Zip)

Date of Birth: _____ College: _____

Email: _____ Cell Phone: (____) _____

Emergency Contact: _____
(Name) (Phone#)

For player 18 or older:

I authorize any first aid or emergency medical care that may become necessary for me while enrolled in Andromeda College Prep Soccer Program. In consideration of my acceptance/entry into Andromeda College Prep Soccer Program, I hereby, for myself and my heirs, executors, administrators and personal representative, discharge, waive and release Andromeda Soccer Club, its partners, agents, and employees, and the owners of the facilities in which injury or death, may occur, while participating in Andromeda College Prep Soccer Program.

By executing this document, I hereby assume all risk of injury or loss to which I may be exposed

I understand the full tuition is due on the first day of camp.

**I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE MEDICAL
RELEASE AND WAIVER.**

SIGNATURE OF PARTICIPANT _____



Program Price:

\$150 Regular Price
\$ 90 for Andromeda Alumni

**Use this form for players
age 17 and younger**

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Player Name: _____

Player Address: _____
(Street Address) (City, State) (Zip)

Date of Birth: _____ College: _____

Email: _____ Cell Phone: (_____)_____

Emergency Contact: _____
(Name) (Phone #)

For player 17 or younger:

I, as a parent/guardian, authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is enrolled in Andromeda College Prep Soccer Program. In consideration of the acceptance of my child's/ward's entry into Andromeda College Prep Soccer Program, I hereby, for myself and my child/ward, our heirs, executors, administrators and personal representative, discharge, waive and release Andromeda Soccer Club, its partners, agents, and employees, and the owners of the facilities in which injury or death, which my child/ward or I may have by virtue of arising in connection with his/her participation in Andromeda College Prep Soccer Program. By executing this document, I hereby assume, on behalf of my child/ward, all risk of injury or loss to which he/she may be exposed.

I understand the full tuition is due at the first day of camp.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE MEDICAL RELEASE AND WAIVER.

NAME OF PARENT OR GUARDIAN _____

SIGNATURE OF PARENT OR GUARDIAN _____