



TOP BAR KEEPERS WINTER 2017 CAMP REGISTRATION FORM

Costs Include T-Shirt, Long-Sleeve Keeper Jersey, and Goalkeeper Gloves!!

Camper Name: _____ Age: _____

Parent or Guardian Name(s): _____

Street Address: _____

City, State: _____ Zip Code: _____

Contact Phone: _____

Contact Email: _____

Camper T-Shirt Size: _____ Long Sleeve Jersey Size: _____

Goalkeeper Glove Size: _____ (Glove will be from West Coast Gloves "Spyder Series")

Payment Method (circle one): **Check or money order**; payable to Top Bar Keepers

Pay Pal; send to: topbarkeepers@gmail.com

Camp Option (circle one): **Older group option**—3 sessions both days

Younger group option—2 sessions both days

Costs: Older group option is \$190 if paid by December 13th; \$200 if paid after that date
Younger group option is \$130 if paid by December 13th; \$140 if paid after that date

If you have any questions, please feel free to contact us at our camp email:
topbarkeepers@gmail.com or you may call Hemant Sharma at 973-715-4048.

Payment and forms can be e-mailed or sent directly to this mailing address:

**Top Bar Keepers
P.O. Box 1907
Knoxville, TN 37901**



PARENT/GUARDIAN CONSENT AND CAMPER MEDICAL RELEASE FORM, Winter 2017 Camp

Player's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent(s) or Guardian(s) Names: _____

Emergency Contact Name and Phone: _____

Player's Physician: _____

Medical and/or Hospital Insurance Company: _____

Any known medical conditions, allergies, or injuries that might impact player's well-being:

Any medications currently taken by player: _____

MEDICAL WAIVER AND RELEASE: Recognizing the possibility of injury or illness, and in consideration thereof, I consent to my son/daughter participating in the programs and camps conducted by TOP BAR KEEPERS, LLC. Further, I hereby release, discharge, and otherwise indemnify TOP BAR KEEPERS, LLC, its camp directors, Hemant Sharma and Allison Whitworth, their employees—including but not limited to: all camp coaches, trainers, and administrators, associated personnel, volunteers, camp sponsors, the owners of any fields and facilities utilized for the camp—against any claim by or on behalf of my camper as a result of my son's/daughter's participation in a camp conducted by TOP BAR KEEPERS, LLC and/or being transported to or from the camp.

I certify that my camper has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has that may impact my child's participation in TOP BAR KEEPERS, LLC camp. I give my consent to have an athletic trainer and/or licensed medical doctor associated with the camp provide my camper with medical assistance and/or treatment. I understand that goalkeeping activities involve a risk of injury and agree to be financially responsible for the costs of injuries sustained by my camper during camps conducted by the staff of TOP BAR KEEPERS, LLC.

Signature of Parent or Guardian: _____ Today's Date: _____