Register for Camp Online by Visiting Chicago-Fire.com or Mail in Registration

A small Internet registration fee will be applied to all online registrations

☐ Please contact me with information on housing a coach during the week of camp

PLAYER INFORMATION: To register siblings, please feel free to photocopy this registration page

Name | Age | Date of Birth

Sex | Grade as of September '08 | Years Played

Address

City | State | Zip

PARENT/GUARDIAN AND EMERGENCY CONTACT:

Parent/Guardian Name | Email Address

Home Phone | Work Phone | Cell Phone

Additional Emergency Contact | Relationship

Home Phone | Work Phone | Cell Phone

Family Doctor | Doctor's Phone Number

ALLERGIES: (List all known)

	Allergen	Reaction	Management
Medication			
Food			
Other			

MEDICATIONS BEING TAKEN: Please list all medications (including over the counter or non prescription drugs) taken routinely. Bring enough medication to last the entire camp. Keep in the original packaging that identifies the prescribing physician (if prescription), and the name of the medication.

This person takes NO medications on a routine basis ☐ Yes ☐ No

This person takes medications as follows	Med 1	Dosage	Frequency of Dosage	Reason for taking
	Med 2	Dosage	Frequency of Dosage	Reason for taking

GENERAL QUESTIONS: (Check Yes or No, and explain additional information on separate sheets)

Ever been hospitalized?	☐Y ☐N	Ever had surgery?	☐Y ☐N	Have frequent headaches?	☐Y ☐N
Ever had a head injury?	☐Y ☐N	Ever had ear infections?	☐Y ☐N	Ever had back problems?	☐Y ☐N
Have any skin problems (e.g., itching, rash, acne)?	☐Y ☐N	Have asthma?	☐Y ☐N	Had mononucleosis in the last 12 months?	☐Y ☐N
Had problems with diarrhea/constipation?	☐Y ☐N	Ever had an eating disorder?	☐Y ☐N	Ever had emotional difficulties for which professional help was sought?	☐Y ☐N

☐ MA & NJ BOH requires Medical history and immunization records. By checking this box I understand to bring these to the first day of camp.

PROGRAM DETAILS: Check Your Local Chicago Fire Camps & Training Info for the equipment included in your camp fee

Name of Local Sponsoring Organization

Name of Camp Program | Date | Time

Second Camp Program (if applicable) | Date | Time

T-Shirt Size (Check one if applicable)

☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult Extra Large

Ball Size (Check one if applicable)

☐ 3 (5-7 years) ☐ 4 (8-11 years) ☐ 5 (12 and up)

PAYMENT DETAILS: Reminder: Kick-Medic™ Purchase Is Optional. Make one check payable to the Sponsoring Organization (see "Your Local Chicago Fire Camps & Training Info").

☐ Kick-Medic™ Qty ____ | Kick-Medic™ Cost + | Camp Cost = | Total Cost

Check #

A $35 fee will be applied to refunds from cancellations. Refunds typically are issued 8-10 weeks after the camp.

This release is made to allow my child to participate in the Chicago Fire Camps & Training and its sponsored events. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and its sponsored events and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp and its sponsored events. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp and its sponsored events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Chicago Fire Camps & Training, Major League Soccer, L.L.C., and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camp and its sponsored events. I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to all of its terms.

PARENT/GUARDIAN SIGNATURE | **DATE**

*** Complete and return with payment to your program manager listed in Your Local Chicago Fire Camps & Training Info ***

BUY A KICK-MEDIC™ TODAY!

Kick-Medic™, the officially licensed training aid of MLS™, is perfect for soccer players of all ages and skill levels. Its unique design effectively maximizes training time for every type of kick or throw. Kick-Medic™ is great for coaching or independent training to improve leg strength, accuracy, technique, coordination, muscle memory and more. Each Kick-Medic™ comes with a FREE training DVD featuring professional drill instruction from Taylor Twellman.

PLACE YOUR ORDER ON THE REGISTRATION PAGE TO THE RIGHT.

Only $30 (includes shipping)