



Georgia International Soccer Academy, LLC
Coaching School
Campbell High School
Saturday mornings
September 10, 2011 to November 12, 2011

Please Print

Today's date:		<input type="checkbox"/> 3-5 year olds program		<input type="checkbox"/> 6-12 year old program	
PERSONAL INFORMATION					
Last name:		First:		Middle:	
Street Address:					
City			State		Zip code
T-Shirt	Shirt size	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL
PARENT INFORMATION					
Mother : First name		Last name		Phone	
Father : First name		Last name		Phone	
Primary e-mail			Alternate e-mail		
How did you hear about us: <input type="checkbox"/> School <input type="checkbox"/> E-mail <input type="checkbox"/> Web <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Other _____					
Program Details:					
<input type="checkbox"/> Saturday morning : 8:30 to 9:15 a.m.3 years to 5 years \$100 per player					
<input type="checkbox"/> Saturday morning : 9:00 to 10:15 a.m.6 years to 12 years \$130 per player					
Payment can be made on line at www.ga-isa.org via PayPal or by check.					
Mail checks and completed form to 4480-H South Cobb Drive #306 Smyrna, GA 30080.					
Liability Release: I hereby assume all risk of accident, harm or injury to the child which may arise from participant in the G-ISA summer camp program and therefore indemnify, defend, release and hold harmless forever and discharge the camp, Cobb County Schools, Garvin Quamina, Carla Neal-Haley, contractors, agents and other personnel for liability, claims, demands, costs and actions that may result from participation in the camp. In addition, I hereby give my permission and authorization for emergency or routine medical treatment in the event I can not be reached in a timely manor. Furthermore, I understand that pictures obtained during camp sessions may be used for G-ISA marketing and advertising.					
PAYMENT INFORMATION					
Please make checks payable to G-ISA					
PayPal on-line at www.ga-isa.org		Mail form and write in or attach confirmation		Confirmation #	
Official use only					
Cash	\$	Receipt:			
Ck	\$	Ck #			
IN CASE OF EMERGENCY					
Emergency Contact:			Relationship:		
Home Phone: ()			Alternate Phone: ()		
<i>signature</i>					<i>Date</i>