



Jessica Ann Moore Foundation  
 Registration Form  
 Soccer Camp – Summer 2024

Jessica Ann Moore Foundation  
 408 School Street  
 Waverly, Virginia 23890

Contact:  
 Dr. Phyllis Tolliver: (267)226-8644  
 Coach R. Shears: (757)334-1752

**Thursday, August 8, 2024**  
**10:00 a.m. – 2:00 p.m.**  
**Boys and Girls age 4 – 17**  
**Lunch and Snacks will be served**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Age (as of August 8<sup>th</sup>) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Special Medical Concerns \_\_\_\_\_

**This camp is free and open to the public**

**Waiver of Liability:** By registering my child for the Jessica Ann Moore Foundation Youth Soccer Camp, I acknowledge and understand that participation in this camp involves physical activities that carry a risk of injury. I hereby release and hold harmless the Jessica Ann Moore Foundation, its directors, officers, agents, employees, and volunteers from any and all liability, claims, demands, causes of action, or expenses associated with any injury or illness sustained by my child while participating in the camp, regardless of whether the injury or illness occurs due to negligence or otherwise.

**Medical Authorization:** In the event of an emergency, I authorize the Jessica Ann Moore Foundation and its representatives to obtain necessary medical treatment for my child. I understand that I am responsible for any medical expenses incurred as a result of treatment.

**Photography and Media Release:** I grant the Jessica Ann Moore Foundation permission to photograph, film, or record my child during camp activities. These images or recordings may be used for promotional materials, social media, and the Foundation's website without compensation.

**Behavioral Expectations:** I understand that my child is expected to follow all rules and regulations set forth by the camp staff. Failure to adhere to these rules may result in dismissal from the camp.

**Acknowledgment of Risks:** I acknowledge that participation in the soccer camp includes inherent risks such as physical contact, falls, and other potential injuries. I certify that my child is in good physical condition and capable of participating in all camp activities.

**Assumption of Responsibility:** I assume full responsibility for my child's participation in the camp and all associated risks, including but not limited to, transportation to and from the camp, participation in activities, and the use of equipment and facilities.

**Parental/Guardian Consent:** By signing this form, I confirm that I have read and understood the above disclosures, and I voluntarily agree to these terms on behalf of my child.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email this completed registration form to [jamfoundation7@aol.com](mailto:jamfoundation7@aol.com)