



● Club Deportivo Guadalajara Chivas Soccer Academy Houston Tx

Date: _____

Camper's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: _____ Birthday: _____ Age: _____ Shirt Size: _____

Team Name : _____ Position: _____

Parent's Names: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

Person to notify in emergency : _____

Home Phone: _____ Cell Phone: _____

How did you hear about our Camp?: _____

Please list any Special Medical Condition or medication taken which the Camp staff needs to be aware of: _____

Name of Parent/Guardian

Date

Signature of Parent/Guardian