Trojan Soccer ID Camp 25

Registration Form

Player Name and Grade (Fall 2025)_____

Parkland Middle School Currently Attending:_____

Medical Concerns:_____

Parent Name:_____

Parent Email address:_____

Parent Cell Phone:_____ **Secondary Emergency Contact Cell Phone:**_____

T-Shirt Size (Circle One): YS YM YL AS AM AL

Check/Money Order Payment: Mail completed registration form, waiver and a **$150** check made payable to:

Coach Scott Mang

3226 Highland Street

Allentown, PA 18104

Venmo Payment: Payment can be sent through the Venmo App to **@ParklandBoysSoccer**. Registration form and waiver must be sent via email to mangs@parklandsd.net or mailed to the above address.

Make sure to include the player name with your **Venmo payment** to match registration information.

Scan QR Code In Venmo App For Payment!

Trojan Soccer ID Camp Waiver:

I understand I am financially responsible for any medical bills incurred by my child while at camp. I authorize the staff of the Trojan Soccer ID Camp to act as they see fit in the event an emergency arises. I hereby release and forever discharge the staff of the Trojan Soccer ID Camp of and from any and all manner of actions, suits, damages, claims and demands on account of personal injury or death arising from my child's participation in the above listed activities.

Parent Signature and Date:_____

12x PIAA Qualifiers, 11x District XI Champions, 12x Conference Champions