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# 2011 Murray-Calloway County Soccer Association

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## Melvin Belong

# SOCCER CAMPS



**TRANSOUTH**  
ATHLETIC CONFERENCE, INC.

**When? June 20-24, 2011**

**Where? Bee Creek, Murray, Kentucky**

**Time? 9 a.m. - 12 p.m. or 5-8 p.m.**

**Ages? 4-18**

**Cost? \$125**

Family of two -\$200  
Three or more- please call for  
special pricing.



Contact: Melvin Belong, Head Coach, Men's Soccer  
Bethel University • 325 Cherry Ave. • McKenzie, TN 38201  
(731)-352-4252 or 731-445-7659  
belongm@bethel-college.edu

Make checks payable to: Melvin Belong Soccer Camps

**2011 MURRAY-CALLOWAY COUNTY  
SOCCER ASSOCIATION  
MELVIN BELONG SOCCER CAMP**

**REGISTRATION FORM**

PLAYER'S NAME: \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I WILL BE \_\_\_\_\_ YEARS OLD WHEN I ARRIVE AT CAMP. BIRTH DATE: \_\_\_/\_\_\_/\_\_\_

FATHER NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ DAY PHONE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**\*\*IN THE EVENT OF AN EMERGENCY AND PARENTS CAN NOT BE REACHED PLEASE  
PROVIDE THE ADDRESS AND PHONE NUMBER OF A RELATIVE OR FRIEND WE CAN  
CONTACT.\*\***

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLEASE LIST ANY MEDICAL PROBLEMS YOUR CHILD MAY HAVE (INCLUDING  
ALLERGIES): \_\_\_\_\_

I, \_\_\_\_\_, HEREBY GIVE AUTHORIZATION TO MELVIN  
BELONG SOCCER CAMPS TO OBTAIN EMERGENCY TREATMENT FOR MY CHILD IN THE  
CASE OF SUDDEN ILLNESS OR ACCIDENT. I ALSO VOLUNTARILY AGREE NOT TO HOLD  
MBSC AND ITS REPRESENTATIVE HARMLESS AGAINST ANY AND ALL CLAIMS.

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

SIGNATURE OF  
PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONTACT:  
MELVIN BELONG, HEAD COACH MEN'S SOCCER  
BETHEL UNIVERSITY  
325 CHERRY AVE.  
MCKENZIE, TN 38201  
(731)-352-4252**