

Next Step- Complete the application and submit, accompanied by payment, to the Chicago Fire Office via mail, email or fax. Upon receipt, you will be contacted by RDS staff by telephone and invited to attend the program or a free clinic. Unsuccessful applicants will receive a full refund.

REGIONAL DEVELOPMENT SCHOOL APPLICATION FORM

LOCATION:					
Name:					
Club Name (Min. Trave)			Team Name		
Age:			Gender		Birth Date:
Parent/Guardian Name:					
Address:					
City:			State:		Zip:
Home Phone:			Cell Phone:		
E-Mail Address:					
Emergency Contact Name:				Phone:	
Family Physician:				Phone:	

This release is made to allow my child to participate in the Chicago Fire Regional Development School. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp.

I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. hereby release and discharge Chicago Fire, Major League Soccer Camps, Major League Soccer, L.L.C., and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other losses suffered by my child in connection with his / her participation in the camp.

I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds the minor and me to all of its terms.

Parent/Guardian Signature **Date:** _____

Please tell us how you heard about the Development School? _____

COURSE FEES

Season	Cost	Register	Discount %	Sub Total
TOTAL COST				

T-Shirt Size (check one)			
YL		AM	
AS		AL	

METHOD OF PAYMENT

Check Amount		Check number	
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Note: Make checks payable to Chicago Fire Camps & Training

Visa or MasterCard		Card Number	
Expiration Date		Name on card	

**Fax to: 708 496 6050, Email to: agray@chicago-fire.com
 or mail to: Adrian Gray (Manager, Regional Development Schools),
 Chicago Fire Soccer, 7000 South Harlem Avenue, Bridgeview, IL 60455**