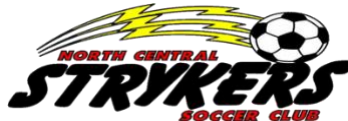


# BRUCE ERICKSON SOCCER CAMPS



**\*\*This camp is not affiliated with UNI Athletic Camps\*\***

## SUMMER YOUTH SOCCER CAMP

**When: Monday, August 3rd, 2020**

**Times: 1:00pm - 3:00pm & 4:30 - 6:00pm**

**Who: Boy's & Girls**

**Cost: \$45 (Includes T-shirt)**

**Age: 6-14**

**Location: Rugby Fields, 2001 Georgetown Rd, Iowa Falls**

**Falls**

Name \_\_\_\_\_ T-shirt Size: YM YL AS AM (circle one)

Birthdate \_\_\_\_\_ Grade Entering \_\_\_\_\_ Male or Female \_\_\_\_\_ Amount Paid \_\_\_\_\_

Email \_\_\_\_\_ Parent/Emergency Contact \_\_\_\_\_ Cell # \_\_\_\_\_

### Medical History:

Medical conditions currently under treatment/Medical disorders or convulsions \_\_\_\_\_

Preexisting injuries under treatment \_\_\_\_\_

Fractures or other disability-type injuries \_\_\_\_\_

Allergies (drugs, food, asthma, etc.) \_\_\_\_\_

Medications required or presently taking \_\_\_\_\_

As the parent/legal guardian of the camper named here \_\_\_\_\_ (participant), it is understood that playing or participating in any sport can be a dangerous activity involving MANY RISKS OF INJURY. It is understood that the dangers and risks involved with playing or participating in soccer may result not only in serious injury, including death, and/or property damage, but in a serious impairment of one's future abilities to earn a living. The following activities are examples of sport and soccer activities engaged at the *North Central Strykers Soccer Club & Bruce Erickson Soccer Camps*. Each participant may be involved in any one or more of these activities. Each of these activities has certain inherent risks similar to those mentioned above. These activities include but are not limited to: running, physical contact activity, and more. *North Central Strykers Soccer Club & Bruce Erickson Soccer Camps will take reasonable precautions to reduce or minimize these risks and other risks (e.g., illnesses such as COVID-19), but such precautions cannot eliminate the risks.* I acknowledge that COVID-19 is a public health risk, and *North Central Strykers Soccer Club & Bruce Erickson Soccer Camps* and camp personnel cannot guarantee safety or immunity from infection, and that I am electing to participate in the *North Central Strykers Soccer Club & Bruce Erickson Soccer Camp*. I further voluntarily assume all risks associated with my participation including the risk of exposure or infection with COVID-19. Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the.

By the signature(s) below, the participant and parent/legal guardian hereby assume all risks associated with participation, and agree to indemnify, release, and hold harmless the *North Central Strykers Soccer Club & Bruce Erickson Soccer Camps*, Camps director, Camp employees, coaches and volunteers (Releasees) from any and all liability, loss, damage, or cost, including claims and suits at law or in equity, for injury (fatal or otherwise) and property loss or damage arising out of or related to the Camps or Camps activity, whether caused by the negligence of the Releasees or otherwise. The terms hereof serve as an indemnification, release and assumption of risk. Additionally, by the signature(s) below, the participant and parent/legal guardian understand, in the event of an emergency, every effort will be made to contact them. However, in the event they cannot be reached, this form hereby gives permission to the physician selected by the *North Central Strykers Soccer Club & Bruce Erickson Soccer Camps*, to hospitalize and secure proper treatment (including surgery or other necessary procedures) for the participant. By the parent/legal guardian and participant signing this form, they are agreeing to abide by all camp rules and reasonable authority of the camp staff, and that participant has been deemed physically able to participate in soccer and recreation activities by a physician.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Parent (signature required for all participants)

\_\_\_\_\_  
Date

**(PLEASE MAKE SURE CHECKS ARE MADE OUT TO BRUCE ERICKSON)**

**MAIL TO: Bruce Erickson Soccer, P.O. Box 527, Cedar Falls, IA 50613**

EMAIL FOR QUESTIONS: baerickson68@gmail.com

(PLEASE MAKE SURE CHECKS ARE MADE OUT TO BRUCE ERICKSON)

MAIL TO: Bruce Erickson Soccer, P.O. Box 527, Cedar Falls, IA 50613

EMAIL FOR QUESTIONS: baerickson68@gmail.com

Name \_\_\_\_\_ T-shirt Size: YM YL AS AM (circle one)

Birthdate \_\_\_\_\_ Grade Entering \_\_\_\_\_ Male or Female \_\_\_\_\_ Amount Paid \_\_\_\_\_

Email \_\_\_\_\_ Parent/Emergency Contact \_\_\_\_\_ Cell # \_\_\_\_\_

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\_\_\_\_\_  
Participant

\_\_\_\_\_  
Parent (signature required for all participants)

\_\_\_\_\_  
Date

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