

NORTH CENTRAL STRYKERS & UNIVERSITY OF NORTHERN IOWA YOUTH SOCCER CAMP

JULY 8TH



More questions? Contact us at unisoccercamp@gmail.com or by phone 319-273-5425

SUMMER YOUTH SOCCER CAMP

When: Monday, July 8th, 2019

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

Who: Boy's & Girls

Cost: \$45 (includes T-shirt)

Age: 6-14

Location: Cadet Field, Iowa Falls, IA

Camper's Name: _____

Age: _____ Gender: _____

Address: _____

City: _____ State: _____

ZIP: _____ DOB: _____

T-Shirt Size: **Youth Large** **Adult Small** **Adult Medium** - Please Circle

Names of Parents/Guardians: _____

Home #: _____ Cell #: _____

E-mail Address: _____

CHECKS:

Make check payable to **Bruce Erickson**

MAIL CHECK & REGISTRATION FORM TO:

Bruce Erickson Soccer Camps, 1003 Bluegrass Circle, Unit 8, Cedar Falls, IA 50613

All forms must be received or notified to Bruce Erickson/Staff before the individual will be able to participate in camp.

Name: _____

In case of emergency, contact: _____

Emergency contact phone: _____

Medical Insurance Co.: _____

Policy #: _____

Group #: _____

Physician Name: _____

Physician Phone: _____

Medical conditions/Medications/Allergies the youth program staff and medical emergency services personnel need to be made aware of:

As the parent/legal guardian of the camper named here _____ participant, I understand that the Summer Soccer Camp director/coach will **NOT** be held responsible for injuries or loss of property while the previously named participant is playing or participating in this camp/clinic. I understand that playing or participating in any sport can be a dangerous activity in involving MANY RISKS OF INJURY. I do hereby release Bruce Erickson and any other staff members & players involved from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, or loss (personal property or other). The signatures below absolve Bruce Erickson and staff & players of all responsibility for loss of personal property. Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my own personal 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 Bruce Erickson Athletic Camp/Clinic. I further understand the camp retains the right to use, for publicity and advertising purposes, photographs of players taken at the camp. By the parent 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.

Parent/Legal Guardian Signature

Date