



Cascade Soccer Club



2012 Winter Camp Registration Form



Fees: Ages 4 to 7: \$10 for single session, \$25 for 3 sessions
 Ages 8 to 10: \$15 for single session, \$35 for 3 sessions
 Ages 11 to 18: \$20 for single session, \$50 for 3 sessions

Dates: Session 1: Friday, Jan 27th, Session 2: Friday, Feb 3rd, Session 3: Friday, Feb 10th
 Times: Ages 4-7: 6:30-7:30 PM, Ages 8-10: 6:00-8:00 PM, Ages 11-18: 6:00-8:30 PM

Participant Information:

First name: _____ **(Use legal name only, please complete all fields)**
 Last name: _____ Age: _____ Gender: Boy Girl
 Address: _____ Apt/unit # _____
 City: _____ Zip code: _____

First parent's or Guardian's name: _____
 Home phone #: (____) _____ - _____ Cell phone #: (____) _____ - _____
 E-mail address: _____ Relationship: Mom Dad Guardian

Second parent's or Guardian's name: _____
 Address _____ City: _____ Zip: _____
 Home phone #: (____) _____ - _____ Cell phone #: (____) _____
 E-mail address: _____ Relationship: Mom Dad Guardian

Emergency contact name: _____ Phone #: (____) _____ - _____
 Allergies/Special needs: _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR:

I, the parent or guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, it's affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for it's soccer programs and activities ("The Programs"), I hereby release, discharge, and /or otherwise indemnify the USYSA, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent or Guardian: _____ Date: _____

Club Use Only

Amount Paid: \$ _____ Sessions: ___ 1 ___ 2 ___ 3 ___ All

Paid by: Cash _____ Check _____ (Check # _____)
