

Dell Rapids St. Mary Soccer 2013

7:00-8:00 every Tuesday and Thursday in July, except July 4th

Name _____

Address _____

Phone _____

Parent(s) Names _____

Emergency contact and phone _____

Email _____

Child's age (4-10) _____ Boy or Girl (used to determine team placement)

Fee **\$30.00** (must be included with sheet)

T-shirt size – Youth S M L XL

In order to make soccer a success for our kids, we really need parental involvement! Please consider helping on a team.

Parent willing to coach? **Y or N**

Parent willing to assist? **Y or N**

Waiver

I understand that neither Dell Rapids St. Mary Church and School nor any coaches or coordinators will be held responsible for injuries while my son/daughter is attending camp. I also authorize the camp staff to administer emergency care necessary to ensure the safety and well being of my son/daughter. Any fees that are a result of injuries sustained at camp will be my responsibility. I acknowledge that this camp requires physical exertion and my child is capable of such activity.

Parent/Guardian _____ Date _____