



STEVENSVILLE YOUTH SOCCER CAMP

JUNE 18TH-22ND, 2018

REGISTRATION DEADLINE: JUNE 11, 2018

(\$20 late fee will be assessed for applications received after June 11)
birth years 2004-2013, up to grade 8

Camp I: Ages 6-14 from 9am-1:30pm – 6/18-6/22 (family discount of \$10 for 2nd child, \$20 for 3rd & following children)

Camper's Name	School	Age (6-14)	Shirt Size (circle one)	Camp Fee	Lunch Ticket*
			YOUTH Small Medium Large ADULT Small Medium Large X-Large	\$100	\$20
			YOUTH Small Medium Large ADULT Small Medium Large X-Large	\$90	\$20
			YOUTH Small Medium Large ADULT Small Medium Large X-Large	\$80	\$20

Camp II: Ages 4&5 from 9am-11:30am – 6/18-6/22 (camp fee at discounted rate; no additional family discount applies)

Camper's Name	School	Age (4&5)	Shirt Size (circle one)	Camp Fee	Lunch Ticket*
		4 5	YOUTH Small Medium Large	\$60	\$20
		4 5	YOUTH Small Medium Large	\$60	\$20

SUBTOTAL (add all camp fees & lunch tickets)					
Payments may be made through PayPal (stevisoccer@gmail.com)					
Add \$20 if submitting after June 11					
Check #	Date Received:				TOTAL Amount Due
Cash	PayPal				

***Lunch includes hamburger or hot dog, as well as chips, drink, and otter pop.**

Parent/Guardian Name	Phone Number	Cell Phone	Please provide cell phone and e-mail for emergency purposes during camp. Thanks!
Address		Email Address	
Emergency Contact Name	Phone Number	Cell Phone	Please note any medical or behavioral issues:
Emergency Contact Name	Phone Number	Cell Phone	

I hereby grant Stevensville Youth Soccer **permission to publish photos** of the SAY Soccer season, which may include pictures of my child. I understand that if names are listed, it will be my child's first name only, in an attempt to comply with the National Child Protection Act. Further, I understand that every attempt will be made to prevent unauthorized access to online information and hold SAY Soccer harmless for the accidental dissemination of information. If neither box is checked, consent will be assumed. YES NO

With full knowledge of the risks of injury in the game of soccer, I, the Parent/Guardian of _____, give permission for emergency medical treatment of my child for illness or accident if I cannot be first contacted.

We, the undersigned, hereby agree that Soccer Association for Youth (SAY), its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by, or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, the coaches, or officers, or designates of any kind from any claim whatsoever.

Signature _____ Date _____

Please make checks payable to Stevensville Youth Soccer

Send check with completed application to **Stevensville Youth Soccer, PO Box 383, Stevensville, MT 59870**