

WEST SIDE SOCCER CAMP

June 21st - 25th

9:00am - 12:15pm

1st-5th grade (fall '10)

- **Solid Training**
- **Christian Coaches**
- **Bible Messages**
- **Camp T Shirt**

Pre-register by June 6th - \$70
June 7th - Day of Camp - \$80

West Side Church 6901 Summitview Ave 965.2800 www.westsidechurch.info

HELD IN CONJUNCTION WITH UNCHARTED WATERS SPORTS CAMPS, BASED IN COLORADO SPRINGS, CO.

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West Side Soccer Camp 2010 Registration

Camper's Name _____ Age _____ Sex _____ Grade (fall of '10) _____
Address _____ City _____ State _____ ZIP _____
Parent's Name(s) _____ Home Phone _____
Daytime Phone _____ Cell(s) _____ E-mail _____
Home Church _____

Should the parent or guardian not be available, who should we contact?

Name _____ Relationship _____ Home Phone _____ Work/Cell _____

Does your camper have any known allergies or health issues? _____

Snacks will be provided at camp. If your child has a severe food allergy, please provide your own snacks.

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the camp. In order that my son/daughter may receive the proper medical treatment in the event that he or she may sustain injury or illness during the period of the camp, I hereby authorize the camp staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the camp. And I hereby hold the camp staff and sponsoring organization(s), as well as it's representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization(s) and its representatives from any claims for personal illness or injury that my son/daughter may sustain during the camp. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the camp.

I further give my permission for the use of any photos or likeness of my child to be used by the sponsoring organization for their use in promotional information.

_____ Date

_____ Signature of Parent or Guardian

| Office Use Only | |
|-------------------------|-------------|
| Registered by June 6 | \$70 _____ |
| Registered after June 6 | \$80 _____ |
| Paid by Cash | Check _____ |
| Data Entry Date | _____ |

Mail or bring this form and payment to:

West Side Church 6901 Summitview Ave Yakima, WA 98908

Make checks payable to West Side Church **\$25.00 Cancellation Fee after June 6**

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