\*When: July 22nd - 25th

\*What: City-Wide Developmental Soccer Camp

\*Who: Players entering K-9th grade

\*Time: 5 - 8 PM

\*Where: Bullock Soccer Complex

 (Margaret Leary Elementary School)

\*Cost: $60 (K-3) $70 (4-9)

 Cost includes Camp T-shirt

 Family rates available. Each additional player is half price.

\*Players must wear cleats, shin guards, shorts, and t-shirt

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Grade Entering: \_\_\_\_\_\_\_\_\_\_\_ Shirt Size: YS YM YL S M L XL XXL

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Release Agreement**

We (I) the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ release all employees of Mile High Soccer Camp from all claims on account of any injury sustained by our/my son/daughter while attending the Mile High Soccer Camp. We (I) further authorize the Camp Director (Cody Carpenter) to act for us in the best judgment in case of any emergency requiring medical attention.

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read & sign the release and return with payment to:**

Cody Carpenter 1320 Westside Blvd Butte, MT 59701

**Please make checks payable to:** Cody Carpenter

Day-of registration is available at 4:30 pm on July 22nd

For more info: contact Cody at 560-7802 or codycarpenter.accbutte@gmail.com