



**S A I N T • L O U I S**  
**S O C C E R • C A M P S**

## Early Childhood Soccer Camp

**WHAT:** St. Louis Soccer Camps will be offering training for Boys and Girls ages 2-7.  
**WHEN:** June 8-11 - Wentzville Central Office  
**TIME:** 6-7:00 pm  
**COST:** \$60 (Cost includes a free sling bag)



**CAMP DIRECTOR:** Lindsey Bryant  
 Lindsey is the coaching director of SCCYSA.  
 She grew up playing soccer in St. Louis and played soccer at Iowa State University.

**NEXT STEPS:** Sign up for camp or contact Lindsey with any questions. 314-651-5903

**REFERRALS:** Receive \$5 off your camp enrollment for every player that you refer to the camp. Put your name in the referred by field down below and pass out the form to your friends and family.

*VISIT US ON THE WEB:*



-----Detach and retain top portion-----  
 Send payment and registration to St. Louis Soccer Camps, 613 Charlemagne Dr, Lake St. Louis MO 63367

In consideration of this player's participation in the soccer programs and activities offered, I, for myself and the player and our respective heirs and successors, intending to be legally bound, hereby release and indemnify "St. Louis Soccer Camps", Lindsey Bryant, Carrie Marino, Paul Bryant, and any of their employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising from the player's participation in the programs offered without limitation. Further, I acknowledge and understand that the physical activities offered involve the risk of serious injury, and severe social or economic losses may unavoidably result from the rules of play, or from the negligence of the player or other players. I hereby give consent to Camp organizers and their agents to provide my child any reasonable and necessary emergency medical care and agree to be financially responsible for all such emergency care. Must be signed by parent or legal guardian.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parents' Name(s): \_\_\_\_\_  
 Emergency Phone Contact #: \_\_\_\_\_  
 Describe any Medical Conditions/Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 Camp Date \_\_\_\_\_ Camp Time \_\_\_\_\_  
 T-Shirt Size - Circle One YS, YM, YL, AS, AM, AL  
 Email \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_  
 Date: \_\_\_\_\_

This soccer camp is not affiliated with the Wentzville School District. Referred By: \_\_\_\_\_