



ST. CHARLES COUNTY YOUTH SOCCER

WHAT: Summer Soccer Training and Fun for Boys and Girls

WHEN: CAMP 1: June 22-25th - Woodlands - 5-6pm (AGES 2-5)

CAMP 2: June 22-25th - Woodlands - 6-8pm (AGES 6-14)

CAMP 3: July 27-30th - Woodlands - 5-6pm (AGES 2-5)

CAMP 4: July 27-30th - Woodlands - 6-8pm (AGES 6-14)

COST: \$65 (Cost includes a free sling bag)

GOALIE CAMPS WILL BE OFFERED WITH BRIAN FORREST:

CAMP G1: June 22-25th - Woodlands - 6-8pm (AGES 6-14)

CAMP G2: July 27-30th - Woodlands - 6-8pm (AGES 6-14)

COST: \$65 (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 at stlsocccamps@hotmail.com or 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.

RAIN OUT/REFUND POLICY - Vouchers will be given towards a future camp.

WWW.SCCYSA.ORG

Send payment and registration to the SCCYSA OFFICE or REGISTER ON-LINE!

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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 _____

Email _____

Signature of Parent/Guardian: _____

Date: _____

Referred By: _____