

SCCYSA



ST. CHARLES COUNTY YOUTH SOCCER

CAMP 1: June 21-24th - Woodlands - 5-6pm (AGES 2-5)
 CAMP 2: June 21-24th - Woodlands - 6-8pm (AGES 6-14)
 CAMP 3: July 26-29th - Woodlands - 5-6pm (AGES 2-5)
 CAMP 4: July 26-29th - Woodlands - 6-8pm (AGES 6-14)
 NOTE: Rain Outs will be held on the Friday of Camp week.
 COST: \$65 (Cost includes a free sling bag)
 Camp Check In - Sunday Before Camp 3-5pm Woodlands Concession

GOALIE CAMPS WILL BE OFFERED WITH BRIAN FORREST:
 CAMP G1: June 21-24th - Woodlands - 6-8pm (AGES 6-14)
 CAMP G2: July 26-29th - Woodlands - 6-8pm (AGES 6-14)
 COST: \$65 (Cost includes a free sling bag)



CAMP DIRECTOR: Lindsey Bryant
 Lindsey grew up playing soccer in St. Louis and played soccer at Iowa State University. She has worked with the SCCYSA Organization for the past 5 years running camps and helping coaches.

REFERRALS: Receive \$5 off your camp enrollment for every player that you refer to the camp.

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

NEXT STEPS: Sign up for camp online or contact Lindsey with any questions at stlsocccamps@hotmail.com or 314-651-5903.

Register online at www.SCCYSA.org or send order form with payment to:
 221 Spencer Rd. Suite A, St. Peters, MO 63376

-----Detach and retain top portion-----

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: _____