



Summer Soccer Camp 2014



\$60.00 per session

Camper's Name: _____ Date of Birth: ____/____/____ Age: _____ M / F

Address: _____
NUMBER STREET CITY ZIP CODE

Cell Number: _____ Cell Number: _____

Email: _____

Discounts available for siblings and/or additional camps

In case of Emergency Please Contact:

Name: _____ Phone Number: _____

Session 1
June 9-13

Session 2
June 16-20

Session 3
June 23-27

Players need to bring: Size #3 soccer ball/water/soccer shoes/shin guards

Session 4
July 7-11

Session 5
July 14-18

Location: Bicentennial Soccer Complex
2001 Fern Ave
Corner of Fern/Bicentennial

T-Shirts Size: (Circle one)
YXS YS YM YL
AS AM AL

Boys & Girls Ages 4-10 9:00am-10:30am

Each session must have at least 15 pre-registered players in order for the session to proceed

I, the undersigned release McAllen Youth Soccer League and associated personnel from liability due to injury or losses incurred while at camp.

Parent/Guardian Name: _____
(Please Print Name)

Signature: _____ Date: _____

Received Payment By: _____ Date: _____