



Register online at [leagues.bluesombrero.com/stevensvillesoccer!](http://leagues.bluesombrero.com/stevensvillesoccer!) You can still pay by cash/check.

# STEVENSVILLE YOUTH SOCCER CAMP

## JUNE 20-24, 2016 BEGINNER/INTERMEDIATE CAMP

## JUNE 27-30, 2016 ADVANCED CAMP

**REGISTRATION DEADLINE: JUNE 13, 2016**

**(\$20 late fee will be assessed for applications received after June 13)**

**Camp I: Ages 6-14 from 9am-1:30pm – 6/20-6/24 (family discount of \$10 for 2<sup>nd</sup> child, \$20 for 3<sup>rd</sup> & following children)**

Camper's Name	School	Age (6-14)	Shirt Size (circle one)	Camp Fee	Lunch Ticket*
			YOUTH Small Medium Large ADULT Small Medium Large X-Large	\$100	\$20
			YOUTH Small Medium Large ADULT Small Medium Large X-Large	\$90	\$20
			YOUTH Small Medium Large ADULT Small Medium Large X-Large	\$80	\$20

**Camp II: Ages 4&5 from 9am-11:30am – 6/20-6/24 (camp fee at discounted rate; no additional family discount applies)**

Camper's Name	School	Age (4&5)	Shirt Size (circle one)	Camp Fee	Lunch Ticket*
		4 5	YOUTH Small Medium Large	\$60	\$20
		4 5	YOUTH Small Medium Large	\$60	\$20

**Camp III: Ages 10-14-Advanced Camp from 9am-2pm – 6/27-6/30 (family discount of \$10 for 2<sup>nd</sup> child)**

Camper's Name	School	Age(10-14)	Shirt Size (circle one)	Camp Fee	Lunch Ticket*
			YOUTH Small Medium Large ADULT Small Medium Large X-Large	\$100	\$20
			YOUTH Small Medium Large ADULT Small Medium Large X-Large	\$90	\$20

<b>SUBTOTAL (add all camp fees &amp; lunch tickets)</b>		
<b>Add \$20 if submitting after June 16</b>		
<b>Check #</b>	<b>Date Received:</b>	<b>TOTAL Amount Due</b>

\*Lunch includes hamburger or hot dog, as well as chips, drink, and otter pop.

Parent/Guardian Name		Phone Number	Cell Phone	<b>Please provide cell phone and e-mail for emergency purposes during camp. Thanks!</b>
Address			Email Address	
Emergency Contact Name		Phone Number	Cell Phone	<b>Please note any medical or behavioral issues:</b>
Emergency Contact Name		Phone Number	Cell Phone	

With full knowledge of the risks of injury in the game of soccer, I, the Parent/Guardian of \_\_\_\_\_, give permission for emergency medical treatment of my child for illness or accident if I cannot be first contacted.

We, the undersigned, hereby agree that Soccer Association for Youth (SAY), its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by, or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, the coaches, or officers, or designates of any kind from any claim whatsoever.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Please make checks payable to Stevensville Youth Soccer\*\*\*

\*\*\*Send check with completed application to **Stevensville Youth Soccer, PO Box 383, Stevensville, MT 59870**\*\*\*