

**Ripley Youth Soccer Camp**

**DATE:** July 12 - 16

**TIME:** 6:00 PM to 8:00 PM

**AGES:** 6 - 11

**PLACE:** West Ripley Soccer Fields

**Return Registration Form and \$30.00**

**(checks payable to RYSC) by July 1 to:**

Sherri Stahlman

Amount Paid \_\_\_\_\_

102 Skyline View

Ck #\_\_\_ Cash\_\_\_ MO\_\_\_

Ripley, WV 25271

**Players must be ages 6 to 11 on July 31, 2009 to be eligible for camp.**

Players Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell \_\_\_\_\_

**Emergency Contact** - Person other than parent/guardian to notify in case of emergency:

Name: \_\_\_\_\_

Relationship to player \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy No. \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or other pertinent information: \_\_\_\_\_

**Consent for Medical Treatment**

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

I, the parent/guardian of the registrant, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors.

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities ("The Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature (Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_