



PATRIOT POWER SOCCER CAMP



Summer Camps 2018

Camper's Name _____

Parent's Name _____

Address _____

City/State/Zip _____

YM YL S M L XL
T-Shirt Size

Home phone Number _____

Cell Number _____

2018-19 school & grade level _____

Birthdate _____

CAMPER AGE - Indicate with a check mark on appropriate line

Multiple participants in a family discount - \$10 off total

GRADE SCHOOL (grades 1 thru 5) _____ \$80
JULY 9 - 13
6:00PM - 8:00PM

MIDDLE SCHOOL (grades 6 thru 8) _____ \$80
JULY 9 - 13
6:00PM - 8:00PM

Because of rising insurance costs and our efforts to keep our fee reasonable, all campers must cover themselves for any injury or sickness incurred while attending the Parkway South Soccer Camp. I hereby authorize and direct the camp staff to exercise and act in their best judgment in the event any medical emergency regarding my child may arise. I confirm that my son is covered by medical insurance.

I hereby give my permission for emergency medical treatment in the event I cannot be reached. This also assures the Parkway South Soccer Staff that my son is in good physical condition and health and that he may participate in all camp activities.

Parent/Guardian Name (printed): _____

Signature: _____ Date: _____

Insurance Carrier and Policy Number _____

****Make \$80 checks payable to Parkway South High School**
For more information call (314) 412-5030 or email gauvaindave@gmail.com

****Complete application and send fee and completed form to:**
Parkway South High School
Attention Book Store Soccer Account