Celebrating our 12th Year

ALL-PRO SUMMER SOCCER CAMPS

July 20-24   **Olmsted Falls Location Camp,** Falls Lenox School
9:00 am-12:00 noon, Ages 5-14

------------------------------- **Registration Form** -------------------------------
Complete this form and mail along with check

Payable to: OCC
Mail To: **O**lmsted **C**ommunity **C**enter, 8170 Mapleway Drive, Olmsted Falls, OH 44138

Camper #1 _____ Age_____   Shirt Size: YS   YM   YL   AS   AM   AL   AXL
❑ **I would like my son/daughter to be evaluated for a CKSC Premier team**

Camper #2 _____ Age_____   Shirt Size: YS   YM   YL   AS   AM   AL   AXL
❑ **I would like my son/daughter to be evaluated for a CKSC Premier team**

Address_____   City_____ Zip Code_____
Mother Name_____   Father Name_____
Home Phone_____   Work Phone_____
Email_____
Emergency Contact_____   Emergency Phone_____

All Camps: $55.00

All Campers Receive CKSC All Pro Soccer Camp T-shirt

FOR MORE INFORMATION*:** Please contact ***THOM CLARK at (440) 452-5759 - or
Check out www.clevelandkickers.com to download forms - or email: tclark3030@gmail.com

ALL CAMPERS ARE REQUIRED TO HAVE COMPLETED AND SIGNED MEDICAL RELEASE FORM

CKSC ALL-PRO SOCCER CAMP
Medical Release and Waiver

We (I) further understand, and have been duly informed the Cleveland Kickers Soccer Camp and each and every party working for said does not carry any medical or accident insurance on behalf of any camper. Each party enrolling said camper certifies that the camper is covered by a medical and accident insurance policy. We (I), the enrolling party, and the camper shall be responsible for any and all negligent, willful, wanton and malicious act of the enrolled camper. Each camper and his/her parent, guardian, or the person signing below, shall be liable for that camper's medical and/or accident insurance and render the Cleveland Kickers Soccer Camp/Club, workers, or anyone else mentioned above harmless from the same.

My son/daughter is physically able to participate in all camp activities. In the event of injury and I cannot be contacted at the phone number listed, I hereby authorize the director(s) to act for me through the doctor/trainer/coach according to their best judgment in any emergency requiring medical attention. I relieve the Cleveland Kickers Soccer Camp of any responsibility should any accidents occur.

Signature of Parent/Guardian_____Date_____

Medical Concerns: _____