

# 2024 Central Wyoming College Soccer Camp

REGISTRATION FORM DUE DATE: AUGUST 1<sup>ST</sup>

**CAMP DATE AUGUST 17, 2024**

**JUNIOR CAMP \$50.00**

**ADVANCED CAMP \$75.00**

7-13 years 1pm-4pm

14-up 4pm-7pm

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Youth (circle one) Adult

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Pay with Cash or Check ONLY***

**CHECKS CAN BE MADE OUT TO: CWC SOCCER**

Return Completed Form Along With Payment To:

Central Wyoming College Soccer 2660 Peck Av Riverton, WY 82501

## **ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

I, as a parent or guardian of the named camper, hereby grant permission for my son/daughter to participate in the CWC Soccer Camp. I acknowledge the fact that my child is physically able to participate in all camp activities. I hereby release the camp and it's coaches, CWC, and administration from all claims of injuries or illness that may be sustained by my child. I authorize the director or designee to select hospital facilities and/or the physician of their choice and authorize treatment of the named child in case of an emergency that takes place at/in the soccer camp.

**Date:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

(if participant is under 18)