

SHARKS SUMMER CAMPS

Registration Form (separate form for each player):

PLAYER'S NAME:		Age on July 31, 2008:
ADDRESS:		
HOME PHONE:		
E MAIL:		
PLAYER'S GENDER, AGE and DATE OF BIRTH:		
PARENTS' NAMES:		
PARENTS' CELL #:		
NAME OF 1 ST PERSON TO CONTACT IN AN EMERGENCY:		
1 ST PHONE # TO CALL FOR EMERGENCY CONTACT:		
PLAYERS EXPERIENCE LEVEL: Please Circle.		
NEW	OPTIMIST (BEGINNER)	OPTIMIST (EXPERIENCED) SHARKS (OR COMP)
<u>CHECK EACH CAMP YOU ARE REGISTERING THIS PLAYER FOR:</u>		
½ day champions camp (June 2-6) 8.30am -11am	Full day champions camp (June 2-6).8.30am-3pm	Mini-champs camp (June 2-6) 8.30am-10am
Superskills camp (June 23-27) 8.30am -11am	Finishing School (June 23-27) 6-8.30pm	
Pre-Season Camp (Aug 4-8) 8.30am -11am	Pre-Season camp (Aug 4-8) 8.30am-3pm	
T SHIRT SIZE (Circle one): YS YM YL AS AM AL AXL		

I/We the parent(s) or legal guardian(s) of the above-named minor do hereby give my/our approval for said minor to participate in Naples Youth soccer Summer camps. I/We assume all risks and hazards relating to such participation. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless NYSC, Collier County Schools, Collier County Parks and Rec. its board, staff, coaches, members, volunteers, supervisors, sponsors, associates and representatives from any and all rights and claims for dangers resulting from injury to persons or property which may be sustained or occur during, before and after participation in camp activities, or arising from traveling to or from camp, whether said injury is due to negligence or not.

Parent/Guardian signature _____ Date _____

MAIL TO: GAVIN SPOONER, 15958 Marcello Circle, Naples, FL 34110. Checks payable to: NYSC