

Elite Developmental Camp

Do you want to work on your soccer skills and have fun this summer?

EDC is a great way to:

- Learn more about the game of soccer
- Work on your soccer skills and abilities
- Most important of all, HAVE FUN!

Goalies!! We haven't forgotten about you!

There will be a Keeper Camp too!!

Camp dates: July 7- 10, 2014 Camp hours: 8:30AM- 11:30AM

Cost:	Ages 5-7	Ages 8-13	Keepers
	\$70	\$85	\$85

Each camper will receive a t-shirt at the end of camp. Please register for camp by June 20, 2014. Late registration will result in a fee of \$10. **Please make checks out to Tim Lavoie and mail with registration forms to: 102 S. Pine St. Apt 2, Tonkawa, OK 74653**

What to bring to camp

- Soccer ball
- Water
- Shin Guards
- Gloves (for keepers)

For more information please contact:

Tim Lavoie (580) 402-3162

tim.lavoie@noc.edu

-----Please detach and mail to the above address-----

Name of camper: _____ Age: _____

T-Shirt Size: XS S M L XL AS (Adult Small)

Select One: Field Player Goal Keeper

Elite Development Camp

Waiver, Release and Assumption of Risk:

In consideration of the applicant's participation in Elite Development Camp, I waive and release all claims for damages for death, personal injury, or property damage that may occur as a result of engaging in the activity. This discharges in advance, coaches from liability even though that liability may arise out of their negligence. I know this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of the risk are binding on my heirs and assigns. I give permission for any medical care that the coaches deem necessary. I also agree to accept full responsibility, financial and otherwise, for the conduct of my child. I understand that this is no refund should my child be dismissed from camp for improper conduct. I do hereby release and hold harmless Elite Development Camp and its coaching staff from any claims.

My signature below indicates that I have read and fully agree with all registration policies stated herein:

Parent Signature: _____ **Date:** _____

CHILD'S NAME: _____ **M**____ **F**_____

DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Emergency Contact Name: _____

Emergency Phone: _____

Physician: _____ **Physician Phone:** _____

Please print this page and turn in on the first day of camp