

Please Fill Out and Return to School or Mail
To Address on Back of Flyer

Cascade youth camp 2021

August 9,10,11

Name (first, last):

Birth Date:

Grade in Fall:

Address:

City:

Zip:

Emergency Contact:

Relation:

Number:

T Shirt size (circle one)

Youth Sizes

Adult Sizes

XS S M L XL

S M L

PreRegistration Cost: \$30

REGISTRATION send to:

10226 Marion Rd. Turner, OR
97392

Attention: Robert Leon

COST AFTER JULY 31st: \$40

REGISTRATION CLOSES
JULY 31st!

This includes t-shirt and skill
development!

All Checks made out to:

Cascade High School

Questions email Coach Robert
at leon9513120@gmail.com



CASCADE COUGAR YOUTH SOCCER CAMP

2021





WHO?

Boys and girls in grades K-5 in the Fall of 2021.

WHEN?

Session 1: August 9-11 10am-12pm

WHERE?

Cascade High School Soccer Field
near Junior High School and Track
10226 Marion Rd SE, Turner

WHAT TO BRING?

Camp participants will need to wear a pair of tennis shoes or cleats if they have them, water bottle (we will have filling stations) and a great attitude!

WHAT TO EXPECT

Participants will be in groups based on age. They will have group leaders from the Girls High School Soccer Team. Camper will work on skill development, fundamentals and important concepts of the game of soccer! Skills will include kicking and passing the ball correctly, trapping the ball, shooting, learning new moves and much more!

CAMP DIRECTORS

Girls Head Coach: Robert Leon

RELEASE OF LIABILITY

As parents or guardians, we understand that participation in any sports involves the assumption of certain risks of injury. I hereby register my child for this camp and authorize the staff to direct him/her in participation of camp activities. I know of no psychological or physical problems that may affect his/her ability to safely participate in the camp. I understand that it is my responsibility to inform the Camp direction of any conditions or special needs he/she may have.

I/We hereby fully release and hold harmless the Camp, its directors, the school districts and/or facilities, Camp staff, agents of the Camp, and agents of each facility from any liability that may arise from child's participation in the camp.

Participant, _____, has my/our permission to participate in training, completion, events, and all camp activities sponsored by each institution. I recognize that the leaders are serving to the best of their abilities. I certify that the participant has full medical insurance with the company listed below. I/we will assume full financial responsibility for the bills incurred through my insurance company _____.

If, during the course of my child's activities in soccer camp, he/she should become ill or sustain an injury, I hereby authorize the Camp director and/or agents of the camp to obtain emergency medical/dental care. In the absence of a parent/guardian signature, payment of camp fee and participation in the activities shall constitute acceptance of conditions set forth in this release.

Parent Name (print): _____

Signature: _____

Date: _____

