

Fergus Falls Youth Soccer Association Challenger Team Camp Registration



When: Monday, August 9 to Friday, August 13 from 1 to 4 pm each day

Where: Cleveland Fields, Fergus Falls

Who: Varsity or JV Soccer Players ages 13 to 19 – limited to 18 players

Fees: \$70 per player – must be paid before being placed on the roster

Player's Name: _____ Grade: _____ Birth Date _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Home Phone: _____

Allergies or medical Conditions: _____

Payment (circle) Cash Check (Make out to FFYSA)

Jersey size (circle): YS YM YL YXL AS AM AL AXL

I hereby give permission and approval for the above named child to participate in soccer activities with Fergus Falls Youth Soccer Association. I assume all risks and hazards incidental to such activity and participation, and release the sponsors, supervisors, and participants from any claim arising from an injury to my child. As the parent/legal guardian of a participant in USYSA/MYSA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/ Guardian Signature

Date

Registrations for this camp are limited to 18 players. Registrations will be taken until the team is full or until June 10th. Please mail registration form and fee to:

**Fergus Falls Youth Soccer Association
P. O. Box 806
Fergus Falls, MN 56538**

For Organizational Use: Club Official's Initials _____

Check Number _____ Date Check Received _____ Check Amt _____ Cash Received _____