



Altavista Soccer Camp

August 9th-11th

English Park

Ages 7-15 Time 6-8pm

Registration Fee \$20

Players Name _____ Birth Date _____

T-Shirt size (circle one)

Youth S (6/8) Youth M (10/12) Youth L (14/16) S M L XL

Physical Address _____ City _____ Zip _____

Mailing Address (If Different) _____ City _____ Zip _____

Parent's/Guardian's Name _____ Date of Birth _____

Email _____

Home Phone # _____ Cell Phone # _____

The YMCA conducts regular sex offender screening on all members, participants, and guest. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

MEDICAL INFORMATION

Please use space below to list or explain any medical conditions that may affect your child's participation in the Youth Sports program. (For example peanut allergy, bee stings, asthma, ADHD, Prosthetic, etc.) This information will be made available to your child's coach.

I authorize the Altavista YMCA staff and/or its representatives to seek medical treatment for my child in the event of an emergency. Circle one: YES NO

Parent/Guardian Signature: _____ Childs Signature: _____

Date: _____