

# Wisconsin Soccer Academy

Premier Wisconsin Soccer Camps 

**608-237-1739**

Wisconsin Soccer Camps 2010 Enrollment Form



CAMP	DATE	CAMP FEE	CAMPS	AMOUNT
Baraboo Youth Camp	July 26 - 30	\$85	<input type="checkbox"/>	\$
Mauston Youth Camp	July 19 - 23	\$85	<input type="checkbox"/>	\$
McFarland Youth Camp	August 2 - 6	\$85	<input type="checkbox"/>	\$
Montello Youth Camp	August 16 - 20	\$50 (Montello Community Soccer Families) \$70 (Westfield—Princeton Residents)	<input type="checkbox"/>	\$
New Glarus Youth Camp	August 9 - 13	\$85		\$
Oregon High School Camp	August 2 - 6	\$135	<input type="checkbox"/>	\$
Portage Youth Camp	July 26 - 30	\$85	<input type="checkbox"/>	\$
Reedsburg Youth Camp	July 12 - 16	\$85	<input type="checkbox"/>	\$
Sauk Prairie Youth Camp	August 2-6	\$85	<input type="checkbox"/>	\$
Sauk Prairie High School Camp	August 2-6	\$90	<input type="checkbox"/>	\$
Stoughton Youth Camp	July 12 - 16	\$85	<input type="checkbox"/>	\$
Sun Prairie Youth Camp	July 19 - 23	\$85	<input type="checkbox"/>	\$
Verona Youth Camp	July 26 - 30	\$85	<input type="checkbox"/>	\$
<b>WSA Camp T-Shirt</b>	Have A Camp T-Shirt Ready For Pickup At Camp (Add \$5) Size: S M L XL			\$

Total: \$

Participants Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Tel: (\_\_\_\_) \_\_\_\_\_ Emergency Tel: (\_\_\_\_) \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Email Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physical Restrictions Of Participant:

Male:  Female:

Regular Season Soccer Teams: \_\_\_\_\_

### Waiver Form

I verify that my child has been checked by a licensed physician and is physically able to participate in this sports camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume related to such treatment. I authorize my insurance company to pay benefits. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim. I hereby waive, release, and forever discharge Wisconsin Soccer Academy and its staff from any liability or claims arising out of any loss, personal injury or property damage that may occur during participation in camp. I hereby certify that this participant is able to participate in all camp activities. In case of emergency, I grant permission for my son or daughter to be given emergency treatment at a local hospital or medical facility.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature (Parent or Guardian)