

Wisconsin Soccer Academy

Premier Wisconsin Soccer Camps 

608-237-1739

Wisconsin Soccer Camps 2011 Enrollment Form



CAMP	DATE	CAMP FEE	CAMPS	AMOUNT
Baraboo Youth Camp	July 25 - 29	\$85	<input type="checkbox"/>	\$
Cottage Grove Camp	July 18 - 22	\$85	<input type="checkbox"/>	\$
McFarland Youth Camp	August 8 - 12	\$85	<input type="checkbox"/>	
Montello Youth Camp	August 15 - 19	\$50 (Montello Community Soccer Families) \$70 (Westfield—Princeton Residents)	<input type="checkbox"/>	\$
New Glarus Youth Camp	July 18 - 22	\$85	<input type="checkbox"/>	\$
Oregon High School Camp	August 1 - 5	\$135	<input type="checkbox"/>	\$
Portage Youth Camp	July 25 - 29	\$85	<input type="checkbox"/>	\$
Reedsburg Youth Camp	July 11 - 15	\$85	<input type="checkbox"/>	\$
Sauk Prairie Youth Camp	August 1 - 5	\$85	<input type="checkbox"/>	\$
Stoughton Youth Camp	July 11 - 15	\$85	<input type="checkbox"/>	\$
Sun Prairie Youth Camp	August 8 - 12	\$85	<input type="checkbox"/>	\$
Waunakee Camp (La Petite)	June 27 - July 1	\$70	<input type="checkbox"/>	\$
WSA Camp T-Shirt	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)