



# Parkrose High School Youth Soccer Camp



July 30<sup>th</sup> – August 3<sup>th</sup>, 2018

6:00pm-8:00pm

## ABOUT THE CAMP

*The PHS Soccer Camp is for boys and girls ages 5 - 14 and of all skill levels. Camp staff will actively participate in instruction and consist of the PHS Girls Soccer team members and coaches.*

*Players will have fun learning the game and improving their soccer skills by playing in small sided games and doing drills taught by the high school players themselves.*

*The Camp registration fee is \$40 per player, with a \$5 sibling discount for additional family members. The registration fees are used to fund the Girls' Soccer program at Parkrose High School. This Camp has been their main fundraiser, providing for uniforms, equipment and etc.*

*The Camp will be held from 6:00pm to 8:00pm with check in at 5:45 each day at Parkrose High School's Main Soccer Field located at 12003 NE Shaver St, Portland.*

## REGISTRATION INFORMATION

Player's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Years Exp: \_\_\_ (if any)

By mail: Send payment and registration form to:  
145 ne 125<sup>th</sup> ave. Portland Or. 97230

Please make check or money order payable to: **PHS Girls Soccer.**

In-person: Bring completed registration form and payment (cash, check, or money order to a PYSC registration date or on the first day of camp.

After submitting or mailing your registration form, please show up on the first day of camp to sign in. No refunds after July 16<sup>st</sup>.

Campers should dress appropriately and bring a soccer ball, soccer cleats, shin guards, water, sunscreen and a healthy snack.

## ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I understand that I am required to have accidental medical coverage for the child listed on this waiver, and I verify that the information provided on this form is accurate and true.

I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.

I understand that at the discretion of the camp supervisor and staff my child may be dismissed from the camps without refund for inappropriate behavior.

I understand that at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child.

I hereby authorize the Parkrose High School Soccer Camp staff to act for me in case an emergency and waive and release Parkrose High School Soccer Camp staff from any and all liability for any and all injuries and illness occurred while at camp.

Photo Release: Participants in PHS events are sometimes photographed and videotaped for use in PHS promotional and educational materials. I authorize PHS to record and photograph my image and/or that of my child for use by PHS or its assignees in research, educational and promotional programs. I understand these audio, video; film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

**I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.**

\_\_\_\_\_  
Please print participant's name

\_\_\_\_\_  
Please print parent or guardian name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

**This form must be presented onsite the day of the program or before in order for your child to participate. No exceptions!**

QUESTIONS? Email Pha Lo at :phalauj@yahoo.com



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PARKROSE SCHOOL DISTRICT

