CAMP	DATE	BONUS	CAMP FEE	CAMPS	AMOUNT
Sauk Youth Camp	Aug 8-12 Time: 9am –12 pm	Free premier Soccer Ball	$90	☐	$
McFarland Youth Camp	August 15-19 Time: 8:30-11:30 am	Free premier Soccer Ball	$90	☐	$
Oregon High School Camp	Aug 8-12 Time: 4 - 8 pm	Free Soccer Ball & T-Shirt	$140	☐	$
Reedsburg Youth Camp	T.B.A	Free premier Soccer Ball	$90	☐	$
				Total	$

Please make checks payable to Wisconsin Soccer Academy

Please mail to: Wisconsin Soccer Academy - 6107 Spring Pond Ct, McFarland WI 53558

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_____