

# Yoe Soccer Camp

March 12 and 13 at Yoe Field

10 am – 12 noon



**COST: \$20** ON OR BEFORE MARCH 8<sup>TH</sup>

**\$25** AFTER MARCH 8<sup>TH</sup>

**Age Groups:**

**Boys and Girls**

**Grades 1<sup>st</sup> through 8<sup>th</sup>**

*Contact:*

*Coach Laura Dickson @ 254-493-2135*

# Yoe Soccer Camp

## Spring Break 2018 Registration Form

Pre-register beginning Feb. 22, 2018 (turn in form and payment to school office or Yoe High kiosk)  
**LAST DAY FOR REGISTRATION** is March 12, 2018 (1<sup>st</sup> day of camp) at YOE Field

**COST:** \$20 per player (pre-registered by Thursday, March 8<sup>th</sup>) or \$25 if registered after, including 1<sup>st</sup> day of camp. Camp cost includes a camp t-shirt.

**DATES AND TIMES:** Monday & Tuesday, March 12-13 from 10:00 am to 12 Noon

**AGES:** Boys and Girls 1<sup>st</sup> - 8<sup>th</sup> Grades

\*\*For more information contact Coach Laura Dickson @ 254-493-2135, or email  
**ldickson@cameronisd.net**

Complete and turn in bottom portion with payment to your child's campus office, or to the Yoe High kiosk.

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Camper Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_ M / F # of soccer seasons played \_\_\_\_\_

Shirt Size: YS 6-8 \_\_\_\_\_ YM 10-12 \_\_\_\_\_ YL 14-16 \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

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PERMISSION TO ATTEND CAMP: I, the parent/guardian of the camper, a minor, agree that I and the camper will abide by all rules of the Yoe Soccer Camp. Recognizing the possibility of injury association with soccer, and in consideration for the Yoe Soccer Camp accepting the camper for its soccer program, I hereby release, hold harmless and/or indemnify Yoe Soccer Camp, staff, coaches and owners of the field and facilities utilized for the activities, for civil damages, both real and punitive, for which I or the above named camper otherwise be eligible.

Signature of Parent/Guardian \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Please list any medical conditions/concerns the camper may have: \_\_\_\_\_

### EMERGENCY #'s (Other than Parents/Guardians)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #'s \_\_\_\_\_