

CENTRAL WASHINGTON UNIVERSITY CAT SOCCER DAY CAMPS

CAMP DATES:

June 21-24: Youth (ages 5-11)

TIME: 9:00 a.m. - noon

August 2-5: Youth (ages 5-11)

TIME: 9:00 a.m. - noon



Welcome back to another great summer of soccer! At CWU's soccer camps, participants receive a camp T-shirt and a soccer ball featuring the Wildcat logo. Camp sessions include individual skill development, small-sided games, and positional play. In addition, campers get a daily snack, medallions, and certificates. And of course camp ends with the "Wacky Olympics," a camp favorite! Don't miss out on two great weeks of great fun and learning!

FOR MORE INFORMATION:

Contact the CWU Women's Soccer
(509) 963-1939
farrandm@cwu.edu

CAMP LOCATION:

CWU Soccer Complex
18th Avenue & Alder Street

REGISTRATION FORM: Make checks payable to Wildcat Soccer Camps

Name of Camper _____ Age _____ Telephone (____) _____
(Please print)
Address _____ City _____ State _____ ZIP _____

MAIL COMPLETED FORM TO: CWU SOCCER 400 E UNIVERSITY WAY, ELLENSBURG, WA 98926-7570

June 21-24 (Youth)	9:00 a.m.-noon	\$80.00 dollars	Cost _____
August 2-5 (Youth)	9:00 a.m. -noon	\$80.00 dollars	_____

Choose one of the following discounts:
Multiple children: \$5.00 off registration _____
KVJSA players: \$5.00 off registration _____

ATTEND TWO CAMPS & RECEIVE \$20 off second registration _____

****ALL PLAYERS ARE REQUIRED TO WEAR SHINGUARDS****
****EACH CAMPER SHOULD BRING SUN SCREEN AND A WATER BOTTLE**

Total _____

Make checks payable to Wildcat Soccer Camps



Athletic Department

CWU is an AA/EEO/Title IX Institution. TDD 509-963-2143

CWU CAMPER HEALTH/EMERGENCY INFORMATION FORM FOR CWU SPORT CAMPS

THIS FORM MUST BE PROPERLY SIGNED AND RETURNED ON THE FIRST DAY OF CAMP.
Campers will not be allowed to participate without properly completed and signed forms.

Camper's name _____ Street address _____

Birth date _____ City/State/Zip code _____

Phone (____) _____ Sport camp attending _____

Does your child have:

Allergies Yes No If yes, list. _____

A chronic illness, such as a heart condition, asthma, epilepsy, diabetes, etc. Yes No

If yes, list _____

Has your child had any injuries and/or operations during the past year? Yes No

If yes, list type and dates. _____

Has your child's physical activity been restricted during the past year? Yes No

If yes, list reasons and duration. _____

Is your child taking any medications? Yes No

For what medical condition(s)? _____

Name of medication (s) and Dosage (s). _____

Has your child ever taken any type of sulfa drugs? Yes No

Has your child had adverse reactions to any drugs? Yes No

If yes, list drug (s) and reaction (s): _____

Date of last tetanus immunization: _____

I, the undersigned, individually and as a parent/guardian of _____ (camper), a minor, ask that he/she be admitted to participate in the sports camp sponsored by Central Washington University. I do hereby agree to release, discharge, and hold harmless the state of Washington, Central Washington University, its officers, agents, trustees, employees, and volunteers from any and all liabilities, claims, costs, expenses, injuries, and or/losses, that I or my minor child may sustain as a result of my minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses.

Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child. I also give permission for my child's photograph to appear in promotional material regarding future camps.

Signature of parent/guardian _____ Date _____, 2010

Emergency contact person _____ Relationship _____

Phone: Work (____) _____ Street address _____

Home: (____) _____ City _____ State _____ Zip code _____

Family physician _____ Medical insurance _____

Physician's phone (____) _____ Policy/Group # _____



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