

CENTRAL WASHINGTON UNIVERSITY CAT SOCCER DAY CAMPS

CAMP DATES:

June 23-26: Youth (ages 5-11)
 July 14-17: HS & JR HS
 July 28-31: Youth (ages 5-11)

TIME: 9:00AM – 12:00PM
 TIME: 6:00PM – 8:00PM
 TIME: 9:00AM – 12:00PM



Welcome back to another great summer of soccer! Our youth camps feature the following; Players receive a camp T-shirt and a Wildcat Logo soccer ball. Our sessions include individual skill development, small sided games, and positional play. In addition, we include a snack each day, have individual prizes throughout the week, camp certificates, and of course finish with “WACKY Olympics”. Don’t miss out on two great weeks of great fun and learning!

High School & Junior High School Camp: Whether you are getting ready for high school soccer or junior high soccer this camp will help you achieve success. The camp is designed to challenge you as a player both technically and tactically. We provide all the balls and the equipment; we just need you and your desire to be a better player. The week concludes with an exciting 4 v 4 tournament with prizes to the winning teams.

FOR MORE INFORMATION:

You can contact the CWU Women’s Soccer office at (509)963-1939.

CAMP LOCATION:

CWU Soccer Complex
 18th Avenue & Alder Street

REGISTRATION FORM: Checks payable to Wildcats – W. Soccer

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 23-26 (Youth)	9:00AM – 12:00PM	\$80.00 dollars	Cost _____
July 14-17 (HS & JRHS)	6:00PM – 8:00PM	\$65.00 dollars	_____
July 28- 31 (Youth)	9:00AM – 12:00PM	\$80.00 dollars	_____

Choose one of the following discounts:

Multiple Child = \$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*****

TOTAL = _____

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 _____ Address _____

Birth Date _____ State/City Zip Code _____

Phone (_____) _____ Sport Camp Attending _____

Does your child have:

Allergies Yes No If yes, list. _____

Chronic Illness, such as 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

If yes, why? _____

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

Has your child ever taken any 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 _____, 2008

Emergency Contact Person _____ Relationship _____

Work Phone: (_____) _____ Address _____

Home Phone: (_____) _____ State/City/Zip Code _____

Family Physician _____ Medical Insurance _____

Phone (_____) _____ Name of Insured _____

Policy/Group # _____