

ECHS Lady Cats Soccer Youth Soccer Camp



Wednesday June 19, 2024
8:30am-12pm
Chalybeate Sports Complex
GIRLS ONLY AGES 4-12



Camper Name: _____ Age: _____

Parent/Guardian Name: _____

Emergency Contact: _____

Phone #: _____ Alternate Phone #: _____

Shirt Size: YS YM YL YXL S M L XL

You must pre-register by June 1st to receive a t-shirt on camp day

\$25 per camper, \$5 discount for each sibling within the same household

Mail Registration forms and payment to:

Ashley Ritter 8130 Blackgold Rd Sweeden, KY 42285

Or drop off at EC Public Library – Alicia Edwards or Emma Lashley

If you have any questions call or text 413-636-2623

Make Checks Payable to ECHS Girls Soccer Boosters - Venmo - @Ashley-Ritter-31

Does your child have any health issues we should be aware of? __Y__N

If yes, explain: _____

I hereby certify that my child is in good physical condition to participate in the above noted youth soccer camp. I give permission for emergency treatment to be given to my child in the event of an emergency, injury or illness. I released Edmonson County High School, Ashley Ritter and any staff instructing my child of all liabilities in case of an injury or illness resulting from participation in the camp.

Parent/Guardian Signature: _____ Date: _____

*This clinic is being conducted by ECHS girls soccer players and coaches.

*Please send your child with water, cleats or sneakers and shin guards.

*Transportation will not be provided, please make arrangements for transportation to and from camp.

Register Online and Pay via Venmo

