**ECHS Youth Soccer Camp**



**Wednesday June 14, 2023**

**8am – 12pm**

**Chalybeate Sports Complex**

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size: S M L XL YS YM YL YXL

***You must pre-register by June 1st to receive a t-shirt***

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

**Mail Registration forms to:**

Ashley Ritter 8130 Blackgold Rd Sweeden, KY 42285

***Or*** drop off at EC Public Library – Alicia Edwards

If you have any questions call or text 413-636-2623 – Make Checks Payable to ECHS Soccer Boosters

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, Greg Hudson 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 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.