

**BOY'S SOCCER TRAINING CAMP
GRADES 7 – 12**

DATES: AUGUST 10 – 14
TIME: 9:00 AM TO 11:00 PM
PLACE: CENTENNIAL HIGH SOCCER FIELD
COST: \$30 (Make checks payable to: Centennial Boys Soccer)
Equipment: GOOD RUNNING SHOES, Lots of water

MAIL TO: CENTENNIAL HIGH SCHOOL
3505 SE 182ND
GRESHAM, OR 97030
ATTN: TODD SAKS

QUESTIONS: COACH SAKS (503) 666-7258

NAME _____ GRADE (FALL) _____
ADDRESS _____ SCHOOL _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMER. PHONE _____

I hereby authorize the staff of the Eagle Soccer Camp to act for me to their best judgment in any emergency requiring medical attention and I hereby waive and release the Camp from any and all liability for any injury or illness while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, and outlined in the brochure. I also understand the Camp retains the right to use for publicity and advertising purposes, photographs of campers taken at camp. Participants in the soccer camp must provide their own insurance. The Centennial School District does not provide coverage.

Health plan (name) _____ Identification # _____

Allergies _____

Parent Or Guardian Signature _____