



COMPETITIVE Soccer Camp 2008



DATES: AUGUST 3RD - AUGUST 9TH (SUNDAY - SATURDAY)

TIMES: (U8-U12 Boys & Girls) 8:30 A.M. - 11:30 A.M. (Monday - Saturday)

(U13-U18 Boys & Girls) 5:30 P.M. - 8:30 P.M. (Sunday - Friday)

SITE: BAYSL, J.C. HANDLY SOCCER FIELD, 3104 S. KINGS AVE.

COST: IF REGISTERING ON OR BEFORE JULY 13TH

\$150.00 PER PLAYER (\$10 DISCOUNT FOR SIBLINGS)

IF REGISTERING AFTER JULY 13TH ADD \$15 PER PLAYER

STAFF: STEVE PEET, JOHN CLARE, SUE PEET, GARY RACH & RANDY BELLI

WHAT TO BRING: SOCCER BALL, SHIN GUARDS, SOCCER SHOES AND WATER BOTTLE

REGISTER EARLY - SPACE IS LIMITED

To register, complete the form below and drop it off by the BAYSL office at 3104 S. Kings Avenue or mail to BAYSL, Attn: Competitive Camp, PO Box 3322, Brandon, FL 33509.

PAYMENT MUST ACCOMPANY APPLICATION - MAKE CHECK PAYABLE TO BAYSL

Extra forms are available online at www.brandonsoccer.com

2008 COMPETITIVE CAMP REGISTRATION FORM

NAME: _____ SEX: M or F

DATE OF BIRTH: _____ (MM/DD/YYYY) AGE GROUP: U-_____

SHIRT SIZE: (circle one) YS YM YL AS AM AL AXL

ADDRESS: _____

HOME PHONE: _____

E-MAIL: _____

FATHER'S NAME: _____ PHONE: _____

MOTHER'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

I certify that my child is medically qualified to attend the Soccer Camp. I hereby authorize the staff to act for me in my absence according to their best judgment in any emergency requiring medical attention. I give permission for a physician and/or hospital emergency room to administer emergency care. I waive and release Brandon Area Youth Soccer League and its representative(s) from liability for any injuries and illness incurred while at the Soccer Camp.

Parent/Guardian (print): _____ Signature: _____