

Youth Soccer Camp Registration

Grades: K-8 • July 13th – 17th • 9am-11:30am

Players Name: _____ Age: _____

Address: _____

City/State: _____ Zip: _____

Phone: (_____) _____

E-mail: _____

Parent's Name(s): _____

School District: _____ Grade Next Year: _____

T-Shirt Size: YS YM YL AS AM AL AXL

Fee: \$75 includes camps t-shirt

Make checks payable to Malone University and mail with registration to:

Pioneer Soccer Camp
2600 Cleveland Ave NW
Canton, Ohio 44709

Registration Deadline: June 28th

The child named above has my permission to participate in the designated Malone University Athletic Camp. I understand that camp participation may involve significant physical activity, which could result in injury or death. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child's participation and release Malone University, its employees, agents, officers, and volunteers from all liability, claims, expenses and actions, which may arise from injury or harm to the child as a result of camp participation.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ (_____) _____

MALONE UNIVERSITY