

2019 Northstars Soccer Camp



2015 Section III Champions!!

Program Director: Mike McCaffery-CNS Varsity Boy's Coach
Date: July 1-3, 2019
Boys & Girls: ages 5 (*kindergarten 2018*) - 17; 9:00 a.m. - 12:00 p.m.
Fee: \$60.00 * \$10.00 discount Clay Classic, CUSA participants!!
Location: Gillette Road Middle School
Sponsored by: Town of Clay Recreation Department

Checks/money order payable to Town of Clay Soccer Camp

Town of Clay Recreation and Human Resource – Youth Permission Waiver

I understand participation in the 2019 Northstars Soccer Camp may involve rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

(Parent/Guardian signature) _____ on this (Date): _____, 2019 does hereby covenant and agree to release and hold harmless the Town of Clay from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law arising out of participation in 2019 Northstars Soccer Camp during(dates) _____, 2019

Pictures and other materials, which include my child, may be used for Town of Clay promotional purposes.
There is no medical insurance carried by the Town of Clay for program participants.
REFUND IN FULL MAY BE GIVEN ONLY 48 HOURS IN ADVANCE OF PROGRAM START.

Child's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade Entering: _____ School: _____

Home Phone # _____ Work Phone #: _____

Pager/Cell #: _____

Email Address: _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency: _____

Check/Money Order #: _____ Cash Receipt # _____ Amount Paid: _____

Registration Info: Mail registration to Mike McCaffery, 111 Pacific Ave Syracuse, NY 13207

Forms available at Clay Recreation Office at 4401 Route 31, Clay or E-forms: mmccaffe1@gmail.com

Questions: 315- 729-9215