

**FC BARTLESVILLE ACADEMY PRESEASON CAMP**

**Date: July 21 – July 24**

**Ages: U8-U10**

**Time: 9:00am – 12:00pm**

**Location: Robinwood Park Soccer Complex**

**Cost: $80 per player**

**\*Bring this form and payment with you on Monday, July 21st. Coaches will be at the fields by 8:30am for you to sign-up and drop off your player(s).**

**\*All players need to wear their shin-guards and bring a ball.**

***\*Most importantly, all players need to bring plenty of water!***

**\*Make all checks payable to FCB**

**Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_**

**Please circle: Male / Female**

I/we authorize, when necessary for protecting the health and well-being of the above-named individual, permission for treatment at a competent and/or accredited facility. I/we further release The FC Bartlesville Coaches and Staff and the Washington County Soccer Club from any liability for damage and injury to the above-named individual and hereby accept full responsibility for all damages or injuries sustained as a result of participation in the FCB Academy Soccer Camp.

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PARENT OR GUARDIAN (S) SIGNATURE DATE