

Rebels Kids Camp

Waiver/Release of Liability

Sign and Return with registration form.

Make Checks Payable to:

South Albany Girls Soccer

3705 Columbus St. SE

Albany, OR 97322

I hereby register my child for the Rebel Soccer Kids Camp and Authorize the staff to direct him/her in participation of activities. I know of no mental or physical problems which may affect his/her ability to safely participate. I authorize the coaching staff to attend to any health problems or injuries to my child that occur while participating in the camp. I hereby release and hold harmless the Greater Albany Public School District and the personnel of the Rebels coaching staff from any liability that may arise from my child's participation. I acknowledge that I am responsible for any and all medical expenses due to my child's illness or injury. I have read the above waiver and release.

Parent or Guardian Signature and Date

If you have questions please email or call:

Contact us:

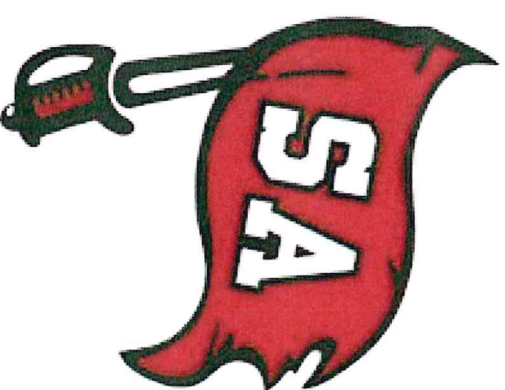
Phone: 541-521-8689

Email: sarogprty6@gmail.com

Web:

<http://sahs.albany.k12.or.us/departments/athletics>

Disclaimer: This activity is not a school-sponsored activity and is not endorsed by the school or Greater Albany Public School District. The activities, products, or services advertised in this flier are not endorsed by the school or the District



Rebels Soccer Kids Camp

July 10-12, 2017

1pm-3pm

2nd-5th Grade

Boys and Girls

South Albany—Rebel Stadium

Information:

All ages refer to the 2017-18 school year

When:

July 10-12

1-3pm

Boys and Girls 2nd-5th Grade

COST:

\$30 per camper

Includes T-Shirt and Water Bottle

(guaranteed if registered by June1st)

\$5 discount for siblings

WHERE:

South Albany High Turf field

You may register after that date of the morning of camp, but t-shirt sizes may not be available. Send registration and payment to:

South Albany High Girls Soccer

3705 Columbus SE

Albany, OR 97322

THE STAFF WORKING AT THE REBELS SOCCER KIDS CAMP IS DEDICATED TO PROVIDING A POSITIVE AND FUN ATMOSPHERE FOR YOUR CHILD TO DEVELOP SOCCER SKILLS, TEAM WORK AND PERSONAL GROWTH.



Rebel Soccer

Registration Form

Player _____

Grade (17-18 school year) _____

Shirt Size: Youth sizes (CIRCLE ONE)

Sm Med Lg XL

ADDRESS: _____

Parent Contact: _____

Emergency Contact: _____

(Detach this form and sign the backside waiver and return with payment)