

Boys Soccer Summer Camp

Monday- Thursday

July 15th-18th

7:30-9am

Seaman High School

\$20 Fee

Make Checks Payable to: Seaman Boy's Soccer

Parent or guardian must sign this form giving permission to attend this clinic.

I approve of the clinic personnel who will be in charge of this activity. Realizing that the leaders are serving to the best of their ability and in consideration of the benefits to be derived by the participant concerned, I hereby voluntarily waive any claim against the clinic personnel or USD 345 for any and all causes, which may arise in connection with this activity. This activity is not sponsored by Seaman School District and the school district is not responsible for any loss or injury resulting from participation in the activity or observing the activity. I also certify to the best of my knowledge that the participant named here on is physically fit to engage in all clinic activities.

Player Name: _____

Player Phone: _____

Parent Name: _____

Parent Phone: _____

Parent Signature: _____ Date: _____