



BECKMAN CATHOLIC TRAILBLAZER SOCCER CAMP

3rd – 8th grades
July 10, 11, 12
5:00 – 6:30 p.m.

COST: \$30.00 – includes t-shirt
Checks: Beckman Catholic High School

Send to: Soccer Camp
Beckman Catholic HS
1325 9th St. SE
Dyersville, IA 52040

**** Please return form by June 27**

Any questions call Beckman at 875-7188.

NAME: _____ **GRADE: (18-19)** _____

PARENT'S: _____

ADDRESS: _____ **CITY/ST/ZIP** _____

PHONE: _____ **ALT PHONE:** _____

T-SHIRT SIZE _____

I certify that _____ has my permission to compete in the 2018 Soccer Camp. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Soccer Camp Coaches, Beckman Catholic High School, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all right and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

Signature of Parent or Guardian

Date