

CRC/CCC SOCCER CAMP

AGES: 4 YRS-8TH GRADE

DATES: JULY 29-31

TIME: 8:30A.M. – 11:30A.M.

LOCATION: SHERWIN WILLIAMS PARK

SHIN GUARDS REQUIRED

REGISTRATION FEE: \$30.00

REGISTRATION DEADLINE: JULY 22, 2019

**All participant will receive a T-Shirt.

COFFEYVILLE RECREATION COMMISSION

PARENT/GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION

NAME OF CHILD _____ MAILING ADDRESS _____

STREET ADDRESS _____ CITY _____

HOME PHONE _____ PARENT WORK PHONE _____

SEX: MALE/FEMALE (Circle One) DATE OF BIRTH: ____/____/____ AGE: ____

PRESENT GRADE: _____ (as of 2019-2020 school year) **SCHOOL CURRENTLY ATTENDING:** _____

T-SHIRT SIZE: Youth Extra Small Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
(Circle One) Adult Small (34) Adult Medium (36) Adult Large (38) Adult XLarge (40)

PLEASE LIST ANY MEDICAL CONDITIONS: _____

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of soccer at any time during the entire season any member of the CRC or CCC staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary. I, the undersigned, do hereby acknowledge that I have given my child permission to participate in the CRC/CCC soccer camp with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Coffeyville Recreation Commission, City of Coffeyville, Coffeyville Community College and all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind. Furthermore, I do understand that accident insurance is NOT provided by CRC or CCC, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in soccer. I understand that a photo-copy of this document shall have the same force and effect as the original.

SIGNATURE: _____

RELATIONSHIP: _____ DATE: _____

IF THE PARENTS OF THIS CHILD ARE NOT REGISTERING THIS CHILD TO PARTICIPATE IN SOCCER, PROOF OF LEGAL GUARDIANSHIP (TYPED AND NOTARIZED AFFIDAVIT FROM THE COURT OR SRS) IS REQUIRED TO BE SHOWN, COPIED AND ATTACHED TO THIS FORM.

Go to www.rainedout.com and search Coffeyville, to receive texts about CRC program updates and cancelations.