



# DYSC SOCCER CAMP 2010

August 9- August 13

Monday-Friday from 5 PM to 8 PM @ Kenosia for Children ages 5-14

**\$60 for the week**

Each 3-hour session will be a mix of warm-up, skills, games, small-sided games and scrimmages. Players are grouped by age and Players must bring shin guards and water and should bring soccer cleats.

All players will receive a DYSC Camp T-Shirt.

PLEASE PRINT CLEARLY

**CAMPER'S INFORMATION**

Month Day Year Circle

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Boy or Girl

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ AGE at CAMP \_\_\_\_\_

Medical Issues/ Allergies: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (Registration confirmation will be done by email within 2 weeks of receipt)

Number that you can be reached during the camp: \_\_\_\_\_

**INDEMNIFICATION, RELEASE AND CONSENT FOR MEDICAL TREATMENT (MINOR)**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Danbury Youth Soccer Club and its sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Danbury Youth Soccer Club, I am accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Danbury Youth Soccer Club, NW District, CJSA, USYSO and approved tournaments, its sponsors, their volunteers, employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or Emergency Medical Technician. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

X \_\_\_\_\_ Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Required Signature of Parent/Legal Guardian

Person to notify in emergency: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Relationship Telephone Number

Mail check payable to: 'DYSC' or 'Danbury Youth Soccer Club' by **July 30, 2010** to:  
**DYSC Soccer Camp, 42 Lake Ave. Ext. Suite 351, Danbury, CT. 06811**

There are no refunds once the camp starts and the registration fee will not be prorated.

Thank-you for supporting Danbury Youth Soccer Club, a non-profit, 501c3, all volunteer organization, *Serving the Youth of Danbury.*

We need volunteers and sponsors, if you are interested, please email registrar@dyisc.us. Thank-you

**746 - 1789 or visit us at [www.DYSC.us](http://www.DYSC.us)**

For Official Use Only

Date Received		Check Number	
Received by		Amount	