



10TH ANNUAL

At The 60 Acres Soccer Complex in Redmond – *Rain or Shine*

Camp Registration (Ages 4-12):

- ❖ **Individual Registration:** Your child will be placed in a group of up to 12 players with the same age and/or ability.
- ❖ **Team Registration:** Your entire team will be placed in the same group, which will allow them to play as a team and sharpen their skills together...making them better prepared for the upcoming season.

Camp Schedule (Mon thru Thurs 10:00 to 12:00):

- ❖ **Monday:** 9:30 – Check-in, receive t-shirt & water bottle and meet your coach!
- ❖ **Thursday:** 11:45 – Kids vs. Coaches games;
Noon – End of camp group cheer-off, Raffle & Popsicles!!!

Camp Goals:

- ❖ Enhance soccer skills & develop coordination
- ❖ Build confidence in a positive learning environment
- ❖ Promote good sportsmanship
- ❖ Encourage teamwork and fair play
- ❖ Improve your child's game and **HAVE FUN!!!**

What to Wear & Bring:

- ❖ Please bring your own **BALL & WATER**. Tennis shoes or cleats & sunscreen. (Please no snacks.)

Cost:

- ❖ **\$110** (No refunds, exchanges or credits).

Directions To Camp:

- ❖ Visit: LIFEISAKICK.COM

(Please keep this page for your records; and return the registration portion with payment)



ONE REGISTRATION FORM PER CHILD

Child's Name: _____
 Date of Birth: _____ Age: _____ Gender: _____
 Parents' Name: _____ / _____
 Address: _____

Home Phone: _____
 Cell Phone: _____
 Email: _____
 Previous Soccer Experience: _____

Special Requests (not guaranteed): _____

If signing up with a **team/group**, please indicate team/group name here: _____

EMERGENCY CONTACT INFORMATION:

Name: _____
 Phone Number(s): _____

Allergies: _____

Medical Condition: _____

Medication(s): _____

Anything else you would like me to know about your child? _____

REGISTER MY CHILD FOR THESE WEEKS:

Week #1: July 25 – 28 _____

Week #2: Aug. 1 – 4 _____

Week #3: Aug. 8 - 11 _____

Select T-shirt size (NO EXCHANGES AT CAMP):

Youth: Sm Med Lg XL

Other: (Specify) _____

COST: \$110.00 (per week)

Please make checks payable to: **LIFE IS A KICK**



Please read carefully and sign below:

AUTHORIZATION AND HOLD HARMLESS:
 I, _____ (Print name)

authorize all medical, surgical, and diagnostic procedures for my child as may be performed or prescribed by a treating physician until I can be notified. I further understand the risks and hazards associated with my child's participation in **Scott's Hot Shots Summer Soccer Camps**, and certify that my child is physically fit to participate in all camp activities and that he/she is covered by health or accident insurance (required for camp attendance). In consideration of the instruction my child will receive regarding soccer, I agree to indemnify and hold harmless **Scott's Hot Shots Summer Soccer Camps**, and any of its subsidiaries, officers, agents, employees or representatives from any injuries, liabilities, claims, damages, costs or expenses incurred by me, my child, or on behalf of my child, arising from, or in connection with, my child's attendance and participation in any camp activity supervised by **Scott's Hot Shots Summer Soccer Camps**. For such consideration, I further release all claims held by me and my spouse arising from my child's attendance and participation in any camp activity supervised by **Scott's Hot Shots Summer Soccer Camps**, and accept full responsibility for the cost of all medical treatment to my child as a result of any injuries. Finally, I understand that the camp retains the right to use photographs or videos taken of participants for advertising and publicity purposes only.

Parent signature: _____

Date: ____/____/____

Medical Insurance (required) _____

Policy #: _____

Send completed registration form with payment to:

Life Is A Kick
 P.O. Box 85007
 Seattle, WA 98145