

**Camas/Washougal
Soccer Club**



*Celebrating 30 Years of Service
to the Soccer Community!
Established in 1979*

Club Camp Registration Form

Name: _____ Sex: _____ Birth Date: _____

Address: _____ Fall Grade/School: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Emergency Contact: _____ Phone: _____

Current Club and Team: _____

Name of Camp: _____ Cost _____

Dates and Times: _____

I hereby register my child to participate in the CWSC Development Camps for the Age Group listed above. I know of no mental or physical problems that may affect his/her ability to safely participate in the activity of the tryout. I hereby release and hold harmless the Camas/Washougal Soccer Club Board, Coaches and Volunteers from any and all liability that may arise out of my child's participation in this activity and authorize the Coaches and Volunteers to attend to any physical problems encountered during the tryout. I acknowledge that I am responsible for any and all medical expenses due to my child's illness and/or injury.

Parent or Guardian name: _____

Address if different than above: _____

Phone number if different than above: _____

Signature _____
(Parent or Guardian)

Note: Players will not be allowed to participate in the camp without a registration form signed by a parent or guardian

Please mail your registration and payment to:

CW Soccer Camps
C/O Jackie Bahu
2625 NE Goodwin Rd
Camas, WA 98607

Any questions please email playerdev@cwsoccerclub.com

Or call (360) 834-4587