

Watseka Park District  
110 South Third Street  
Watseka, IL 60970  
Phone: 815-432-3931  
Fax: 815-432-2762  
[watsekaparks@att.net](mailto:watsekaparks@att.net)

## Registration Form *Soccer Camp 2010*

Camp is August 2-5

4-9 years of age 8-9:30 a.m.

10-13 years of age 9:45-11:30

Registrations must be turned in by July 5, 2010

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's Work Phone (Indicate which parent): \_\_\_\_\_

Grade last attended: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ **In-district fee \$45 Out-of-district fee \$50**

Additional information:

**T-shirt Size:** Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large Adult X-Large

The undersigned, being the parent or guardian of, \_\_\_\_\_, a minor, do hereby state that they agree and consent to the enrollment of the above named minor in the Watseka Park District Soccer Camp 2010. I do understand that the Hoopston Area Community School District No. 11, the director, the Iroquois County Administrator's, nor anyone else connected directly or indirectly with the camp, will assume any responsibility for accident, injury, or any damage sustained at the camp or as the result of travel to and from the camp. I do further agree to indemnify, save and hold harmless the said, John Klaber, as director and operator of the camp or any of his agents, cause of the action, claims or demands arising of out of or incidental to participation in the said Soccer Camp by the above stated minor made by any person, firm or corporation by or on behalf of the stated minor.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_