



Soccer Camp 2!

August 16-20 6:15-8:30pm

For kids entering K-6th grade - All skill levels welcome

5 evenings of learning fun soccer skills, playing soccer games, high energy songs, skits and Bible teaching!

Registration fee includes snacks, a T-shirt, & soccer ball.
 Limited Space Available. Only 10 spots per grade! Register early!
 \$5 discount per child if 3 or more register from 1 family.
 Scholarships available upon request.

3 Ways to Register:

1. Sign up at Church on a Sunday
2. Call the office at 276-5472 T-Th 9am-3pm
Then mail your check to the church.
3. Download the application from our website
www.LakeSpokaneCommunityChurch.org and mail it and your check to:
 LSCC Soccer Camp, 6418 A Hwy 291, Nine Mile Falls, WA 99026

Make your check out to LSCC (Lake Spokane Community Church)
 Put "Soccer Camp" on the Memo line along with the names of kids you are paying for.

Registration Costs	# of Kids	Total
Early Registration for 1-2 kids Postmarked by Tue July 20		
# of Kids	___ X \$25	=
Early Registration for 3 or more kids in ONE family Postmarked by Tue July 20		
# of kids	___ X \$20	=
Late Registration for 1-2 kids		
# of Kids	___ X \$35	=
Late Registration for 3 or more kids in ONE family		
# of kids	___ X \$30	=
Grand Total		=

For office use only: Check # _____

Soccer Registration & Medical Release Form

Lake Spokane Community Church Soccer Camp Aug 16-20, 2010
6418 A Hwy 291 Nine Mile Falls, WA 99026 (509) 276-5472 lsc@ptera.net

Last Name: _____ Your Name: _____

Your Relationship to the child (mother, father, aunt, uncle, guardian, etc.): _____

How did you hear about us? _____

Home Address: _____

Cell Phone (1): _____ Cell Phone (2): _____ HomePhone: _____

Emergency Contact Name & Number: _____

Home Church? _____ Email: _____

Child's Name: _____ Sex: M F Age: _____ Grade: _____

Any restrictions in game participation? _____

Allergies? _____ T-Shirt Size: S(6-8), M(10-12), L(14-16), Adult S(mens)

Previous Soccer Experience? Explain: _____

Child's Name: _____ Sex: M F Age: _____ Grade: _____

Any restrictions in game participation? _____

Allergies? _____ T-Shirt Size: S(6-8), M(10-12), L(14-16), Adult S(mens)

Previous Soccer Experience? Explain: _____

Child's Name: _____ Sex: M F Age: _____ Grade: _____

Any restrictions in game participation? _____

Allergies? _____ T-Shirt Size: S(6-8), M(10-12), L(14-16), Adult S(mens)

Previous Soccer Experience? Explain: _____

Medical Insurance: _____ Subscriber: _____

Policy #: _____ Group #: _____

Family Physician: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

Preferred Hospital: _____

As a parent or guardian, I give permission for _____
to attend and participate in the Lake Spokane Community Church Soccer Camp. I authorize emergency
medical treatment to be given if necessary, only after a reasonable effort has been made to reach me.

I the undersigned do hereby release and agree to hold harmless the leadership, Lake Spokane Community
Church, High Power Soccer, and Awana Clubs International from any and all liabilities or claims for per-
sonal injury or illness which may be incurred by my child while attending and participating in Soccer Camp
and it's activities.

Name of Parent or Guardian: (please print) _____

Signature: _____



I give permission for my child's photo to be used in publicity materials: flyers, newspaper, church website.

Signature: _____

Date: _____