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| |  |  |  | | --- | --- | --- | | Circle Session | | | | Session 1  August 13-14 | Session 2  August 15-16 | | | Name (first, last): | | | | Birth Date: | Grade in Fall: | | | Address: | | | | City: | | Zip: | | Emergency Contact:  Relation:  Number: | | | | T Shirt size (circle one)  Youth Sizes Adult Sizes  XS S M L XL S M L | | |   Please Fill Out and Return to School or Mail To Address on Back of Flyer | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | PreRegistration: Before June 1st Please Send Registration and payment back to your child’s school.PreREgistration Cost: $30REGISTRATION After June 1st Please send to: 363 S 5th St. Aumsville, OR 97325  Attention: Halee Pyatt  **COST AFTER JUNE 1st: $35**  REGISTRATION CLOSES  JULY 26TH!  This includes t-shirt and 4 hours of skill development!  All Checks made out to:  **Cascade High School**  Questions email Coach Pyatt at hpyatt@cascade.k12.or.us |  | Image result for cascade cougars logo  Cascade Cougar Youth Soccer Camp  Image result for soccer ball2019 |
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| WHO? Boys and girls in grades K-5 in the Fall of 2019. When? Session 1: August 13-14 10am-12pm  Session 2: August 15-16 10am-12pm Where? Cascade High School Soccer Field near Junior High School and Track  10226 Marion Rd SE, Turner |  | What to bring? Camp participants will need to wear a pair of tennis shoes or cleats if they have them, water bottle  (we will have filling stations) and a great attitude! What to Expect Participants will be in groups based on age. They will have group leaders from the Girls and Boys High School Soccer Teams. Camper will work on skill development, fundamentals and important concepts of the game of soccer! Skills will include kicking and passing the ball correctly, trapping the ball, shooting, learning new moves and much more! How to pick a session? We chose to do two sessions this year to accommodate traveling families over the summer. Simply pick the session that would work best for your schedule! Camp Directors **Girls Head Coach:** Halee Pyatt  **Boys Head Coach:** Tim Farr | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | ***RELEASE OF LIABILITY***  As parents or guardians, we understand that participation in any sports involves the assumption of certain risks of injury. I hereby register my child for this camp and authorize the staff to direct him/her in participation of camp activities. I know of no psychological or physical problems that may affect his/her ability to safely participate in the camp. I understand that it is my responsibility to inform the Camp direction of any conditions or special needs he/she may have.  I/We hereby fully release and hold harmless the Camp, its directors, the school districts and/or facilities, Camp staff, agents of the Camp, and agents of each facility from any liability that may arise from child’s participation in the camp.  Participant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my/our permission to participate in training, completion, events, and all camp activities sponsored by each institution. I recognize that the leaders are serving to the best of their abilities. I certify that the participant has full medical insurance with the company listed below. I/we will assume full financial responsibility for the bills incurred through my insurance company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  If, during the course of my child’s activities in soccer camp, he/she should become ill or sustain an injury, I hereby authorize the Camp director and/or agents of the camp to obtain emergency medical/dental care. In the absence of a parent/guardian signature, payment of camp fee and participation in the activities shall constitute acceptance of conditions set forth in this release.  Parent Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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