

Camp Information

Registration: Completed registration materials can be mailed to Coach Carmean, PO Box 7367, Columbus, GA 31908 or May 22, 2010 at the River City Soccer Complex, from 9am - 5pm.

Camp check in will begin 30 minutes prior to the start of camp.

Purpose: The purpose of the Summer Soccer Camp is to provide an enjoyable and rewarding soccer experience for each camper

Instruction: Campers will be grouped according to age and ability. Emphasis for the younger players will be placed on fundamental skill development. The curriculum for more experienced players will include technical and tactical refinement.

What to Bring to Camp: Shin guards (mandatory for all campers), sun protection, drinks, water bottles, appropriate soccer attire, cleats or tennis shoes

Coach Carmean - RCSC Soccer
PO Box 7367
Columbus, GA. 31908
Address Correction Required

[CUSTOMER NAME]
[STREET ADDRESS]
[ADDRESS 2]
[CITY, ST ZIP CODE]

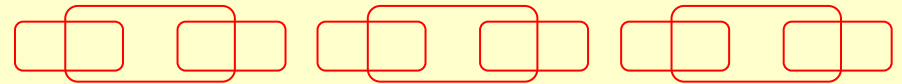
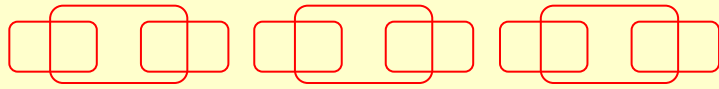


Summer Soccer Camp

RCSC Soccer Club
Ages 4-12
8:30-Noon
June 7-11
PCIS Track Field
2401 South Railroad St
Phenix City, AL



Contact: Mike Carmean
Phone: 707-575-2408
Web site: rcsoccerclub.com



The River City Soccer Club strives to conduct its programs and activities in a safe manner and holds the safety of participants in the highest regard. Participants and parents registering their child in programs must recognize however that there is an inherent risk of injury when choosing to participate in any recreation activities. RCSC continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. Please recognize that the RCSC does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member/ward for a recreation program/activity should review their own insurance policy for coverage. Due to the difficulty and high cost of obtaining liability insurance, RCSC requires the execution of the following liability Waiver and Release. Your cooperation is greatly appreciated. **WAIVER AND RELEASE OF ALL CLAIMS:** Please read this form carefully and be aware that in registering yourself and your ward for participation in this/these program(s) you will be waiving and releasing all claims for injuries, damages, or loss you or your ward might sustain through participation in the: 2010 RCSC Summer Camp as a participant or the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the program. I do hereby fully waive, release and discharge RCS, its officers, agents, servants, representatives, employees and program board members from any and all claims for injuries, damages or loss which I or my ward may sustain or which may accrue to me or my ward arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify, hold harmless, and defend RCSC, its officials, agents, servants, representative, employees and program board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I HAVE READ AND FULLY UNDERSTOOD THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT

Name: _____

Age _____ D.O.B. _____ M or F

Street: _____

City, State, Zip: _____

Parent/Guardian: _____

Phone # (H) (W): _____

Emergency Contact: _____

And Phone #: _____

Medical Info (allergies, etc.): _____

Cost of Camp: \$80.00

Includes T-shirt

T-shirt Size: YS YM YL AS AM AL

(circle one)

**Each child must have their own registration sheet.
One check may be used to pay for more than one child.**

Return application, check & signed waiver to :
RCSC Summer Soccer Camp
Attn: Coach Carmean
PO Box 7367
Columbus, GA 31908

Signature of Parent or Legal Guardian Date
MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN