

Registration Form for Rush WI West Soccer Camp 2019

Player Name: _____ Age: _____ Shirt Size: YM YL AS AM AL

Player Name: _____ Age: _____ Shirt Size: YM YL AS AM AL

Player Name: _____ Age: _____ Shirt Size: YM YL AS AM AL

Parent Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

_____ **\$65.00 Ages 9-18 (U9-High School) before May 3, 2019**

_____ \$75.00 after May 3, 2019

_____ Total Amount Enclosed _____ Check Number _____

**If you are not associated with the Wisconsin Youth Soccer Association, a Medical Release form must be completed. If you played in the Fall 2018 or Spring 2019 PDC Rush WI West, you DO NOT need to complete the Medical Release Form.

Checks payable to: Prairie United Soccer Association, Inc.

Mail registration to:

Prairie United Soccer Association, Inc.

P.O. Box 504

Prairie du Chien, WI 53821

Camp Details: June 10th - June 13th, 2019

12:30-2:30pm

Faith Evangelical Free Church, 1110 East Cass Street, Prairie du Chien, WI

Liability Waiver:

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules and the procedures of Prairie United Soccer Association, Inc. Recognizing the possibility of physical injury associated with the game of soccer, I hereby release, discharge and otherwise indemnify Prairie United Soccer Association, Inc., its Board of Directors, and associated personnel including the owners of the fields and facilities utilized for Prairie United Soccer Association, Inc., against any claim for or on the behalf of the registrant as a result of the registrant's participation in Club programs and while being transported from the same, which transportation I hereby authorize.

Parent Name(print) _____

Parent Signature _____ Date: _____

