



MYSL Camp

This soccer camp focuses on fun within the game of soccer. Each evening all participants will be placed in age-appropriate groups where they will take part in competition games, skills challenges, soccer relay races and more! There will be a live DJ and potential giveaways! Any participant age 5-14 may sign up. Registration deadline is July 14.

Code	Grade	Day	Date	Time	
390007-34	K-3	T, W, TH	July 25-July 27	6:00-7:00 p.m.	<input type="checkbox"/>
390007-35	4-8	T, W, TH	July 25-July 27	7:00-8:00 p.m.	<input type="checkbox"/>

Fee: \$74 (\$64 with resident discount)

Location: Decatur Soccer Complex (1 Educational Park)

Parent's Name: _____
Email: _____
Cell Phone: _____
Address: _____ City: _____ Zip: _____
Participants Name: _____ Gender: M F Age: _____ Birthdate: _____

Amount Due: _____	Activity Code _____
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check	
Check #: _____	Driver's License: _____ Exp: ____/____
<input type="checkbox"/> Credit Card	
Card Number: _____	Exp: ____/____
Name on Card: _____	
Signature: _____	

PLEASE SIGN WAIVER ON THE BACK

Waiver & Release of All Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program, including transportation services and vehicle operations, when provided. I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program against the Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Decatur Park District"). I do hereby fully release and forever discharge the Decatur Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above waiver and release of all claims and assumption of risk.

Photo Disclaimer: I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur Park District.

Signature: _____ Date: _____

(18 years or older Parent/Guardian)

NOTE: The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.