

# Recreation Camps: Ages 7-12

Cost: \$50

Please complete and mail with a check made payable to "PTCYSA" to the following address:

PTCYSA

PO Box 2403

Peachtree City, GA 30269



Please check all that your child(ren) will attend:

*Dates: April 7th - 10th*

*Rain Date: April 11th - Registration Deadline: Thursday, April 3rd*

*Dates: June 16th - 19th*

*Rain Date: June 20th - Registration Deadline: Thursday, June 12th*

*Dates: July 7th - 10th*

*Rain Date: July 11th - Registration Deadline: Thursday, July 3rd*

*Dates: July 21st - 24th*

*Rain Date: July 25th - Registration Deadline: Thursday, July 17th*

Child #1: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Child #2: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Child #3: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Liability Waiver:** I certify that my child(ren) is medically qualified and able to attend soccer camp. I hereby authorize PTCYSA staff to act for me according to their best judgement in securing treatment for my child in any emergency requiring medical care and guarantee that my medical insurance or I will be responsible for any financial charges. I waive and release PTCYSA and staff from all liability for any injuries and/or illness incurred while at camp.

**Parent or Legal Guardian Signature:** \_\_\_\_\_

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