



# PACERS & PLAINSMEN SOCCER CAMP

**MONDAY, JUNE 22<sup>ND</sup> – THURSDAY, JUNE 25<sup>TH</sup>, 2020**

Pacers & Plainsmen Soccer Camp  
(Coach Liddell)  
c/o Enid High School,  
611 W Wabash,  
Enid, OK73701

## **Registration Form**

### **Conditions of Application**

I, the undersigned parent / guardian, certify that my child is physically fit to participate in all camp activities. I will provide written information with each registration for any known medical condition and /or known allergies so as the coaching staff are well informed for any potential situation.

I, the undersigned parent or guardian, hereby authorize the staff of Pacers & Plainsmen Soccer Camp to act for me according to their best judgment in any and all medical emergencies and I hereby waive and release said persons from any and all liabilities from injury or illness incurred while in attendance at the soccer camp. A signature of parent or guardian on this form waives and releases Pacers & Plainsmen Soccer Camp and all of their staff from any and all liability from injury or illness – including COVID-19 – incurred going to and from the camp, or while the player is at the camp.

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

### **Camper's Information**

Name \_\_\_\_\_

Male/Female \_\_\_\_\_ Age \_\_\_\_\_ Grade (20-21) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Number \_\_\_\_\_

Please Make Checks Payable to:

**Enid High Soccer**

*\* Face Masks are recommended*

*\* No sharing water bottles*

*\* Groups will be limited to ten players*

### **Please check desired options:**

Regular Camp (\$60.00) \_\_\_\_\_

**T-shirt Size:** (Circle One)

YS	YM	YL
AS	AM	AL
AXL	Other	_____