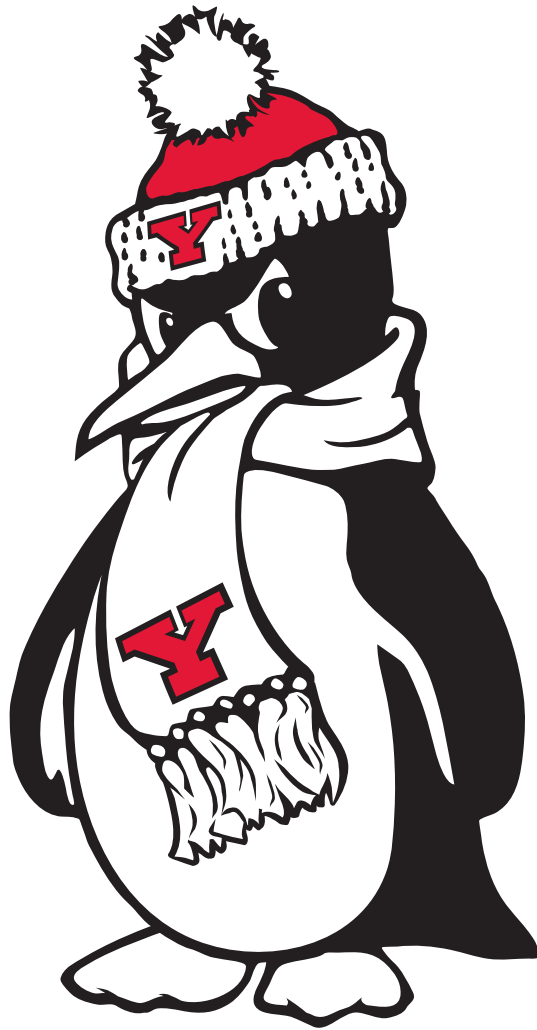


2008 Youngstown State Easter Soccer Day Camp



March 24-28
9 a.m. to Noon
Boys and Girls • Ages 6-13
Stambaugh Stadium
\$80 per person

2008 YSU SOCCER CAMP

APPLICATION FORM

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Parent/Guardian: _____

Parent/Guardian Phone: _____

Parent Cell Phone: _____

Age: _____ Height: _____ Weight: _____

Coach's Name: _____

School: _____

YSU Soccer Easter Day Camp
March 24-28 | 9 a.m. to Noon
Stambaugh Stadium

\$80 Per Person

FAX APPLICATION TO:

Soccer Office • (330) 941-2968

MAIL APPLICATION FORM TO:

Youngstown State University

Soccer Office

One University Plaza

Youngstown, OH 44555

If you require auxiliary aids, services or other accommodations, please notify our office two weeks prior to the camp and you will be contacted by the Coordinator of Disability Services.

2008 YSU SOCCER CAMP

MEDICAL RELEASE FORM

Please Print

Camper's Name: _____

Parent's Name: _____

Work Phone Number: _____

Parent's Medical Insurance Carrier: _____

Insurance Group #: _____

Insurance Policy #: _____

I give my permission for YSU medical personnel and affiliated health care providers to render whatever medical care and/or treatment they deem appropriate for my child, while attending the 2007 Youngstown State Soccer Camps. I also give my permission to transport to the hospital for treatment, if needed.

Parent's Signature _____ Date _____

_____ is physically able to participate in the Youngstown State University Camps. (Please note any restrictions on a separate sheet.)

Physician's Signature _____ Date _____

Physician's Address _____

**IF NO physician signature, parent MUST sign below.

I assume full responsibility for my child's condition in regards to participating in Youngstown State University's Camps.

Parent's Signature _____ Date _____

FOR MORE INFORMATION CALL:

The YSU Soccer Office

(330) 941-3629 or (330) 941-2763

Email: ajjames@ysu.edu or

gfmitchell@ysu.edu