

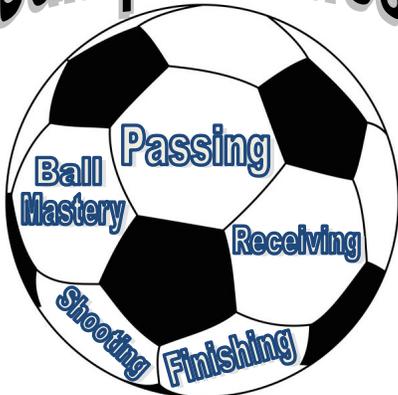


YESsoccer™ SUMMER CAMP JUNE 19-23

Bethany Parks and Recreation has paired up with Youth Elite Soccer (YES) to provide a week-long summer camp for kids of all abilities, ranging from ages 3 to 14 years old. The camps will be divided into the following age groups, with morning, and full-day options. These camps will be instructed by YES staff, and held at Veteran's Memorial Park, 265 Beacon Road, Bethany, CT.

Ages 3-5: 9:00 A.M– 10:30 A.M. \$80	Ages 6-14: 9:00 A.M– 12:00 P.M. \$120	Ages 6-14: 9:00 A.M– 3:00 P.M. \$170
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Camp Themes



YESsoccer **Community Camps** focus on creating a fun learning environment while fostering a love for the game through conditioned practices & small-sided games.

Checks can be made payable to Bethany Parks and Recreation.
We are unable to accept same-day registrations.
Children must be registered by Thursday, June 15th.
 Please call our office with any questions at 203-393-2100x127

Don't forget to send a water bottle, and a lunch if staying full day. Transportation to and from Bethany Parks and Rec Summer Camp can be made available if necessary.

SOCCER CAMP REGISTRATION

First Name: _____ Last Name: _____

Address: _____ Email Address: _____

Telephone: _____ Age: _____ Grade Completed: _____

Emergency Contact: Name: _____ Phone: _____

Any special concerns, needs or medical such as allergies, asthma, etc. ___yes___no.

If yes please explain: _____

Please check off group

___ Ages 3-5: 9:00 A.M– 10:30 A.M.

___ Ages 6-14: 9:00 A.M– 12:00 P.M.

___ Ages 6-14: 9:00 A.M– 3:00 P.M.

WAIVER OF TOWN LIABILITY:

Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE: _____ Date: _____
 (parent/guardian)