



YESsoccer™

SUMMER

CAMP



JUNE 25-29

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.

This camp will be instructed by YES staff, and held at
Veteran's Memorial Park, 265 Beacon Road, Bethany, CT.

Camp Themes



Ages 3-5:
9:00 A.M– 10:30 A.M.
Cost: \$70

Ages 6-14:
9:00 A.M– 12:00 P.M.
Cost: \$110

Ages 6-14:
9:00 A.M– 3:00 P.M.
Cost: \$160

Checks can be made payable to Bethany Parks and Recreation.
We are unable to accept same-day registrations.
Children must be registered by Friday, June 8th.
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.

YES SOCCER CAMP REGISTRATION 2018

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.

Ball Size (Please Check)
 3 (5-7yr)
 4 (8-11yr)
 5 (12+yr)

Shirt Size (Please Circle)
 YS / YM / YL / AS / AM / AL

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:
(parent/guardian)

Date: