**City of Chester Spring Soccer Camp 2018**

**March 4th-April 15th**

**Boys and Girls Kindergarten – 8th Grade**

Registration: February 5th —February 23rd at 3pm Fee: $25 (includes t-shirt)

Late Registration: February 23rd at 3 pm – March 3rd at 3pm Fee: $35

**No registrations will be accepted after March 3rd at 3 pm**

**Registration forms are available at city hall and at www.chesterill.com.**

Mail or return registration form to:

Spring Soccer Camp, 1330 Swanwick Street, Chester, Illinois 62233

General Information: **Sundays (2-3:30 pm)**

on the Multi-Purpose Field at Cohen Recreation Complex

Participants should have shin guards & soccer ball and arrive 15 minutes early, Sunday, March 4th.

In the event that we do not have enough participants: registration fees will be returned and you will be notified. A determination will be made February 27th. **THERE WILL BE NO REMINDERS AND NO PHONE CALLS MADE. MARK YOUR CALENDARS!**

Weather cancellations will be available on Facebook at:

Patti Carter (Chester Recreation)

For information contact Patti Carter, Recreation Director at 618.826.1430 or at www.chesterrecreation@chesterill.com

Participant information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: K 1 2 3 4 5 6 7 8 Gender: BOY GIRL

Shirt Size: Youth 6/8 8/10 10/12 12/14 14/16

Adult: Small Medium Large X large

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: YES NO

Emergency Contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do hereby, fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from any and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Official Use Only

Cash Check #\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_