

**2012 Stricker Soccer Camp Registration**  
(Please fill out a separate form for each child)

Name \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age as of 7/31/12 \_\_\_\_\_ School Grade for '12-'13 \_\_\_\_\_ Gender \_\_\_\_\_

Seasons Played \_\_\_\_\_ Do you play on an Academy team? YES NO

Sessions (**choose one**)

- June 18-22 - 8:30-11:30 am (ages 4-7)**  
Cost: \$125.00 (Discount price \$115.00 if registered before May 19<sup>th</sup>)
- June 18-22 - 5:00-8:00 pm (ages 8-14)**  
Cost: \$125.00 (Discount price \$115.00 if registered before May 19<sup>th</sup>)

Special Medical Condition(s) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (other than parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

T-shirt size (**circle one**)      Youth S M L      Adult S M L XL

Number of Concession Stand Tickets purchased (\$.50 each) \_\_\_\_\_  
**(Most parents purchase \$2/per day)**

**You will receive the ball size appropriate for your player's age.**

**Team or Group Sign-Up** - Please specify if you want your child grouped with another child or team of the same age and gender

\_\_\_\_\_

\_\_\_\_\_

**Insurance Waiver:** I give my consent and approval for my child to participate in Stricker's Soccer Camp with the understanding that insurance will not be provided by Coppell ISD. I will not hold any CISD coach, CISD employee, staff, sponsor, Coppell Independent School District responsible for any personal injuries incurred by my child during the camp activities.

\_\_\_\_\_  
Parent Signature

**Make Checks Payable to:** Chris Stricker

**Mail Checks and Registration to:**  
Chris Stricker, 273 Ridge Cove Dr., Lewisville TX 75067