

**2008 CCHS Boys Soccer Pre-Season Camp
for Grades 9 through 12**

Please print this page, complete the form below and send it along with a check for \$80 (payable to CCHS Boy's Soccer Pre-Season Camp) to: Central Catholic High School, 2401 SE Stark St., Portland, OR 97214 Attn: Rick Potter.

No Refunds after August 1.

Camp Registration Closes on August 1, 2008

Registration is complete and you are confirmed for the camp when payment is accepted. If the camp is full your payment will be returned.

Athletes from schools other than Central Catholic must contact head coach Steve Ancheta and receive permission to attend this clinic.

<u>2008 CCHS Boys Soccer Pre-Season Camp for Grades 8 through 12</u>	
Name:	
Mailing Address:	
City, State, Zip:	
Home Phone:	
Grade Fall 2008:	
High School Attending:	
Current Soccer Club:	
E-Mail:	
Mother's Name:	
Father's Name:	
Insurance Carrier:	
Policy Number:	
<u>Insurance Release Form</u>	
<p>I hereby authorize my son's participation in the Central Catholic Boys Soccer Pre-Season camp. I know of no mental or physical problems which may affect my son's ability to safely participate. I understand that my son must have current medical insurance before he can attend camp. Neither I, nor my son will hold Central Catholic High School or its soccer camp staff liable for injuries or expenses relating to injuries while my son is at the camp.</p>	
Signature (Parent or Guardian)	Date
<hr/>	
Signature (Participant)	
In case of emergency please notify:	
Name: _____	
Phone Number: _____	
Relationship to Player: _____	