

**2008 CCHS Lady Rams Summer League and Soccer Academy
for Grades 7 through 12**

Please print this page, complete the form below and send it along with a check (payable to CCHS Lady Rams Soccer Academy) to: Central Catholic High School, 2401 SE Stark St., Portland, OR 97214 Attn: Rick Potter.

No Refunds after July 1, 2008.

Clinic Registration Closes on July 7, 2008

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

<u>2008 CCHS Lady Rams Summer League and Soccer Academy for Grades 7 through 12</u>	
Name:	
Mailing Address:	
City, State, Zip:	
Home Phone:	
Grade Fall 2008:	
Fall 2008 School:	
E-Mail:	
Mother's Name:	
Father's Name:	
T-Shirt Size:	
Insurance Carrier:	
Policy Number:	
<p>I plan to attend (check all that apply):</p> <p>Week 1: July 14-17 _____ Week 2: July 21-24 _____</p>	
<p>Please Register me for the following option:</p> <p>Summer League Only \$60 _____ 1 Week Academy \$80 _____</p> <p>1 Week Academy and Summer League \$120 _____ 2 Weeks Academy \$120 _____</p> <p>2 Weeks Academy and Summer League \$150 _____</p>	
<p><u>Insurance Release Form</u></p>	
<p>I hereby authorize my daughter's participation in the Central Catholic Lady Rams Academy and/or Summer League. I know of no mental or physical problems which may affect my daughter's ability to safely participate. I understand that my daughter must have current medical insurance before she can attend camp. Neither I, nor my daughter will hold Central Catholic High School or its soccer camp staff liable for injuries or expenses relating to injuries while my daughter is at the Academy and/or Summer League.</p>	
<p>_____ Signature (Parent or Guardian)</p>	<p>_____ Date</p>
<p>_____ Signature (Participant)</p>	
<p>In case of emergency please notify:</p>	
<p>Name: _____</p>	
<p>Phone Number: _____</p>	
<p>Relationship to Player: _____</p>	