



JE High School Varsity Soccer Coaches along with
Town of Elbridge Recreation present

JE YOUTH SOCCER

SPRING CAMP 2024

April 23rd and 24th



Times: K-4th grade – 5:30pm-6:15pm; 5th-8th grade – 6:30pm-7:30pm

Location: JE High School Turf

Mail form and payment to: Town of Elbridge, Attn: Rec., PO Box 568, Jordan, NY 13080
cost: \$25.00 per child grade K-4th; \$30 per child grade 5th-8th

Participant Information

Please read and sign waiver.

Please fill out one form for each

Participant's Name _____

Boy Girl Grade(23-24) ____ Age ____ Date of Birth _____ School District _____

Home Phone _____ Daytime Phone (cell or work) _____

Parent or Guardian: _____ Parent / Guardian E-mail: _____

Mailing Address: _____

Town of: Elbridge VanBuren Brutus Lysander Camillus Skaneateles Sennett Other: _____

Registration Fee

\$25.00 per child grade K-4th; \$30 per child grade 5th-8thscholarships available

Checks made payable to: **J-E Recreation**

Note: Open to ALL Area Players, not exclusive to JE. Outside of JE District or Town, please add additional \$5.00

Total \$ _____

Please check here if you DO NOT want your child's photograph to be included in any promotional material: including but not limited to: flyers, brochures, and the Town of Elbridge website.

WAIVER

MUST BE COMPLETED TO PARTICIPATE

I/We the parents or legal guardian of the named candidate, for his/her participation in the J-E Recreation Program hereby give my/our approval for his/her participation in any and all programs and activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from all activities. We do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Elbridge, The J-E Recreation Commission, Jordan-Elbridge Central School District, J-E Sports Booster, J-E Soccer Program and their employees and the program organizers, sponsors, supervisors, coaches and any others for any claims arising out of an injury except to the extent and in the amount of coverage provided by the program's insurance.

X _____ Date _____
Parent/Guardian Signature

Please attach information regarding any medical problems (i.e. asthma, allergies, inhalers, etc.)*