

THEM Soccerclub - FCYSC - Fisher/GCMS Soccer

Summer Camps

And Goal Keeper Clinics



JUNE & JULY

JUNE 17TH-JUNE 21ST in Paxton at Coady Park

AGES 3-5 8am to 9am mon-fri

AGES 6-9 9am to 12pm mon-fri

AGES 10-14 9am to 12pm mon-fri

**JULY 15TH THROUGH 19TH in Gibson City at the
FCYSC COMPLEX**

monday EVENING july 15th

tuesday EVENING july 16th

** OFF wednesday july 17th - no camp **

thursday EVENING july 18th

friday EVENING july 19th

AGES 7-10 U 10 SESSION - 4:15-5:15pm

AGES 10-14 U 14 SESSION - 5:30 -6:30pm

AGES 14+ U 18 SESSION - 6:30-7:30pm

GOAL KEEPER CLINIC ALSO AVAILABLE IN JULY

Register at www.themsoccerclub.com

**BROUGHT TO YOU BY
FCYSC & FISHER/GCMS SOCCER
& THEM Soccerclub**

2019

THEM Soccerclub June day camp & Fisher/GCMS 2nd Annual Team Camp in July

Player Name & Age/Years experience Birthday (M/D/Y) Parent/Guardian

Phone (best number to call or text) Email

Address Emergency Contact & Number

Shirt Size for JULY camp (circle): YXS YS YM YL AS AM AL AXL
June camp will get a backpack with registration

You must print & mail & register for each camp separately
Online registration & other information, including time schedules available at
www.themsoccerclub.com

PAXTON JUNE camp fee is 50\$- Make Checks payable to
Paxton Park District –601 South Fall Paxton, Il 60957

GIBSON CITY JULY camp fee is 40\$- Goal Keeper clinic is AN ADDITIONAL \$10
Make checks payable FOR JULY CAMP AND GOAL KEEPER CLINIC to
Fisher/GCMS Soccer HS
211 W. Division St. Fisher, IL 61843

WAIVER AND RELEASE OF ALL CLAIMS

By registering your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with such a program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against THEM and its officers, agents, servants, and employees.

I do hereby fully release and discharge THEM and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or my minor child/ward 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 the activities of the program. I further agree to indemnify, hold harmless, and defend THEM and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

I also understand that by registering my child in a THEM sponsored activity, I give my consent for THEM personnel to take photographs of the activity which my child may be participating, for the sole purpose of professional use, whereas professional use is defined as uploading photographs to the THEM website and/or seasonal activity brochures. In the event of any emergency, I authorize THEM officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

As a parent/guardian of a participant in the program, I have read and understood the THEM "Code of Conduct" form and agree to its principles and expectations. Upon completion of this waiver.

Parent(s) Phone if not listed on registration _____

Emer. Contact Phone if not listed on registration _____

Allergies _____

Medical Conditions _____

Physician _____

Physician Phone _____

Signature _____

Date _____