

JEFFERSON COED



DATE____/___

PER PERSON **INCLUDES T-SHIRT** GRADE IN THE FALL

BOYS & GIRLS WILL BE IN GROUPS BASED ON **GRADE & SKILL LEVEL**

WHERE: LOWER KINGSTON (GRASS FIELD) 907 15TH ST SW, CEDAR RAPIDS, IA 52404

PARENT/GUARDIAN SIGNATURE_

REGISTRATION DEADLINE: JUNE 24TH, 2024 TO GUARENTEE A CAMP SHIRT

6:45 - 7:00pm - Popsicles 🙂

PAYMENT: INCLUDE CASH OR CHECK WITH THE REGISTRATION FORM MAKE CHECKS PAYABLE TO: JEFFERSON GIRLS SOCCER

CONTACT: COACHES, JORDAN HOLMES JHOLMES@CRSCHOOLS.US OR SHALYN LARSON SLARSON@CRSCHOOLS.US DETACH THE REGISTRATION FORM & MAIL TO: JORDAN HOLMES % SOCCER CAMP; 9273 DEER RIDGE DR, CEDAR RAPIDS, IA 52411

2024 JEFFERSON YOUTH SOCCER CAMP REGISTRATION FORM

CAMPERS' NAME:	AG	}E:	GRADE:
SCHOOLPARE	NT NAME:		
PARENT CELL # & EMAIL:			
ADDRESS:			
T-SHIRT SIZE (CIRCLE ONE): YOUTH: S M L OR ADULT: S M L XL			
NE (I) HEREBY REQUEST THAT YOU ACCEPT THE APPLICATION	FOR ENROLLMENT OF	: 	IN THE
IEFFERSON YOUTH SOCCER CAMP DURING THE DATES SET F	ORTH. IN CONSIDERAT	ION OF YOUR	ACCEPTANCE OF
THE APPLICATION, WE (I) (WHETHER ONE OR MORE) HEREBY R			
FROM ALL CLAIMS ON ACCOUNT OF ANY INJURIES WHICH MA	Y BE SUSTAINED BY O	UR (MY) DAUG	SHTER/SON WHILE
ATTENDING THE JEFFERSON YOUTH SOCCER CAMP ; AND WE	(I) AGREE TO INDEMN	IFY AND HOLD) HARMLESS
IEFFERSON HIGH SCHOOL AND ITS EMPLOYEES OF ANY CLAI	M WHICH MAY HEREA	FTER BE PRESE	ENTED BY OUR (MY)
WINOR DAUGHTER/SON AS A RESULT OF SUCH INJURIES.			