



SOCCER CAMP!!

AUGUST 2ND-4TH

8:30AM - 12:00PM

HARVEST EFREE CHURCH

524 RIVERHILLS DR., STORY CITY

1st-6th grade students!
Join us for a fun, faith filled
soccer camp!

\$15 Registration Fee
office@harvestefree.org
515.733.5360

WHAT'S THE GOAL?!

- Build Your Faith
- Improve Your Game
- HAVE FUN!

Crazy
Hair Day!
Fun Sock
Day!



Soccer
Drills &
Games

I, _____, give _____
 (Print parent/guardians name) (print students name)
 permission to participate in the Soccer Camp held at Harvest
 EFree church at 524 Riverhills Dr. Story City, IA on Aug. 2nd—4th
 from 8:30am-12:00pm. Should it be necessary for my child to have
 medical treatment while participating in this activity, I hereby give
 the person(s) in charge permission to act on my behalf to secure
 hospitalization or medical services deemed necessary and
 appropriate by the physician. I absolve Harvest Evangelical Free
 Church from any and all forms of negligence and wrong treatment
 incurred in the procurement and process of hospitalization and
 medical treatment and all claims, demands, actions or causes of
 action, past, present, or future arising out of any damage or injury
 while participating in this church-sponsored youth activity. Any
 cost incurred shall be my sole responsibility.

 Parent/ Guardian Signature Relation to student
 Cell Phone # _____ Email: _____
 Students Name: _____ Grade: _____
 Age & DOB: _____ Cell phone #: _____
 Shirt Size: (circle one) adult S M L youth S M L
 Address: _____
 Allergies: _____
 Medical Conditions: _____
 In Case of an Emergency Notify: _____
 Relationship: _____
 Phone: _____
 Family Physician: _____
 Phone: _____
 Family Insurance Company: _____
 Policy#: _____