



## Mav Summer Soccer Camp: Summer 2022 1st-6th Grade

1. Participant:			
Full Name:			T-Shirt Size:
2. Circle the choice that best describe	s your player's exper	ience and ab	ility:
-No experience, beginner	-Very experienced, very good skills		
-Some experience, good skills	-Competitive traveling team player, great skills		
3. Parent/Guardian:			
Full Name:	Cell P	hone:	
Email Address:			
<b>4. Mav Summer Soccer Camp</b> (Income Each soccer player will be placed in a specific, and personal soccer attention for Camp is open to all elementary aged claracteristics.)  Camp will be held on the YMCA turf seconds.	small age/skill-approper from different coaches hildren 1st-6th attendir	riate group an each day. ng any school	in any district.
<b>Date/Time:</b> June 7th through June 10th <b>Cost-\$80</b>	ı, 8:30-10am each day.		
5. Release:			
My child,	, has my permission to	participate in	the summer Mav Soccer
Camps. I hereby assume the risk of all a	accidents and of all per	rsonal injury a	and any other loss or damage
which he/she may suffer while participa		•	• •
trainers, directors, employees, instructo	•		
loss, or damage that he/she sustains as a			
camp. I certify that my child is healthy	-		under an accident and health
insurance policy(Parent's s	Signature)		(Date)
(raient s	Signature)		(Date)

- 6. Please direct questions to Rey Ramirez at rramirez@usd266.com / 316-833-8209. Go to <a href="https://www.tinyurl.com/mysoccerinfo">www.tinyurl.com/mysoccerinfo</a> and click on the Summer Soccer Camps folder for more information.
- 7. Mail, picture text or email registration forms- make checks payable to Rey Ramirez, address 633 N Bay Country, Wichita KS, 67235 OR Venmo @reyramirez10 OR paypal.me/reydavidramirez. June 1st is the deadline to guarantee a shirt- must have this form turned in by that time. Final deadline for payment is the first day of camp June 7th.