



1225 Civic Field Way
 Bellingham, WA 98229
 (360) 676-1919
 www.bellinghamsportsplex.com



Whatcom Soccer Academy Summer Soccer Camp Registration
All camps are 4 days Monday through Thursday
Youth Camp ages 5 to 12 years \$95 Advanced Camp ages 9-12 years \$105
Register early and receive this discounted price!!
Camp prices go up by \$10 after June 14th (\$105 & \$115)
Camp Dates and Locations

Please indicate the camp(s) & time(s) you wish to register for:

NWSP #1 Northwest Soccer Park	NWSP #2 Northwest Soccer Park	NWSP #3 Northwest Soccer Park
June 21 st – 24 th	July 12 th – 15 th	August 9 th – 12 th
___ Youth Camp All ages (5-12 yrs) 9am-noon	___ Youth Camp All ages (5-12 yrs) 9am-noon	___ Youth Camp All Ages (5-12 yrs) 9am to Noon
___ Advanced Camp 9-12 yrs 1-4pm	___ Advanced Camp 9-12 yrs 1-4pm	___ Advanced Camp 9-12 yrs 1-4pm

Participants Last Name: _____ First Name: _____

Date of Birth: _____ Gender: (circle) Boy Girl Parent(s) name: _____

Address: _____ City: _____ State & Zip: _____

Home Phone: _____ Parent work phone: _____ Cell Phone: _____

E-mail address: _____

T-shirt Size: (circle size) Youth Small Youth Med. Youth Large Adult Small Adult Med. Adult Large

Doctor's Name and Phone number: _____

Alternative Emergency Contact and Phone Number: _____

Allergies or Special Medications: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Whatcom Soccer Academy (WSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WSA accepting the registrant for the Whatcom Soccer Academy, I hereby release, discharge and or otherwise indemnify the WSA, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for this program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

Parent/Guardian Signature: _____ Date: _____

Mail or drop off your completed registration **along with payment to:**
 WSA—Bellingham Sportsplex, 1225 Civic Field Way, Bellingham WA 98229
 Make checks payable to WSA-Bellingham Sportsplex
 To pay by Master Card or VISA please complete the following information:

Name on the card: _____

Credit card number: _____ Expiration Date: _____

Signature of card holder: _____ Date: _____

If you have questions, please contact Marc Ronney at 676-1919 Ext 105 or marcr@bellinghamsportsplex.com

Camp Sponsors:

