



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 <sup>st</sup> – 24 <sup>th</sup>	July 12 <sup>th</sup> – 15 <sup>th</sup>	August 9 <sup>th</sup> – 12 <sup>th</sup>
<input type="checkbox"/> Youth Camp All ages (5-12 yrs) 9am-noon <input type="checkbox"/> Advanced Camp 9-12 yrs 1-4pm	<input type="checkbox"/> Youth Camp All ages (5-12 yrs) 9am-noon <input type="checkbox"/> Advanced Camp 9-12 yrs 1-4pm	<input type="checkbox"/> Youth Camp All Ages (5-12 yrs) 9am to Noon <input type="checkbox"/> 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:

