

**2017 VGB SOCCER CAMPS FOR GIRLS AND BOYS AT  
THE WICHITA SOUTH YMCA  
REGISTRATION FORM**

Please check all that apply:

**Day Soccer Camp for Girls and Boys:** ages 5-18, for beginning, intermediate or advanced players.

**Session I Boys (Ages 5-18)**

June 26<sup>th</sup> – 29<sup>th</sup>, 9:00am – 12:00pm, Cost \$85

**Make checks payable to:  
VGB Soccer Camps  
Victor Garcia-Bebek  
2420 W 13<sup>th</sup> St N  
Wichita, KS 67203**

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**Session II Girls (Ages 5-18)**

June 26<sup>th</sup> – 29<sup>th</sup>, 9:00am – 12:00pm, Cost \$85

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Grade (Fall 2017):** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work/Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Field Player** \_\_\_\_\_ **Goalkeeper** \_\_\_\_\_

**PLEASE CIRCLE ONE**

T-Shirt Size:                      **YS**   **YM**   **YL**   **XS**   **AS**   **AM**   **AL**   **AXL**

**RESIDENTIAL, TEAM AND COLLEGE ID CAMP APPLICANTS ONLY**

**Team / Club Name:** \_\_\_\_\_

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**Release of Liability**

In consideration of the soccer camps and clinics and coaching in general to be held at the Wichita South YMCA facilities in general, I am granting my child permission to participate in camp activities and I hereby assume all risks of his/her personal injury that may result from the camp activity. As parent/guardian, I do hereby release the Wichita South YMCA, VGB Sports, its instructors, agents, representatives, officers, trustees, and all participants in the camp from all liability, including claims and suits at law or inequity, for any injury which may result from my child taking part in camp activities.

I have read, understand and agree to comply with the Release of Liability as outlined above.

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**Medical Authorization**

I agree to assume all costs related to any medical treatment that may arise out of my child's participation in the soccer camps and clinics. I understand that I will be responsible for any medical or other charges in connection with the participant's attendance in these events. The participant's health insurance information follows:

Covered Participant's Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

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**Consent to Treat**

I hereby authorize the staff of the Wichita South YMCA or VGB Sports to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Wichita South YMCA, VGB Sports. I know of no medical or physical problems which would affect my child's ability to participate in soccer camp and clinic activities.

I have read, understand and agree to comply with the Consent to Treat as outlined above.

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**General**

The Wichita South YMCA, VGB Sports are not responsible for personal items that are lost, stolen or damaged. I also understand the camp retains the right to use any photographs, video tapes, motion picture recording or any other record of the event for publicity, advertising or any legitimate purpose.

I have read, understand and agree to comply with the above statement.

\_\_\_\_\_  
**Parent / Guardian (print complete name)**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**