

# Legacy Soccer



## Summer Camp

July 12<sup>th</sup>- 15<sup>th</sup>

Camp Times: 8:00am – 11:30am

Camp Fee: \$65.00

Open to all boys & girls - grades 3 to 8

CAMP T-SHIRT SIZE:

YS YM YL S M L XL

Complete the Registration and return or mail it to *Legacy High School*

Attention: *Coach Cottrell* or *Coach Wilson*

1263 North Main Street, Mansfield, TX 76063

Player Name: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Phone Number 1: \_\_\_\_\_

Phone #2 \_\_\_\_\_

**Makes Checks Payable to Legacy Soccer**

Questions: [cotta@mansfieldisd.org](mailto:cotta@mansfieldisd.org) or [wilsh@mansfieldisd.org](mailto:wilsh@mansfieldisd.org)

### WAIVER CLAIM

I as a parent or guardian, hereby give permission for my child to participate in the MISD Legacy Soccer Camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the directors of the MISD Legacy Soccer Camp to act for me in any emergency requiring medical attention, and acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son/daughter. I hereby waive any claim that I might have against the Legacy Soccer Camp and the institution providing the facilities.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_