



# BECKMAN CATHOLIC TRAILBLAZER SOCCER CAMP

**3<sup>rd</sup> – 8<sup>th</sup> grades**  
**July 10, 11, 12**  
**5:00 – 6:30 p.m.**

**COST: \$30.00 – includes t-shirt**  
**Checks: Beckman Catholic High School**

**Send to: Soccer Camp**  
**Beckman Catholic HS**  
**1325 9<sup>th</sup> St. SE**  
**Dyersville, IA 52040**

**\*\* Please return form by June 27**

**Any questions call Beckman at 875-7188.**

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**NAME:** \_\_\_\_\_ **GRADE: (18-19)** \_\_\_\_\_

**PARENT'S:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ST/ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **ALT PHONE:** \_\_\_\_\_

**T-SHIRT SIZE** \_\_\_\_\_

I certify that \_\_\_\_\_ has my permission to compete in the 2018 Soccer Camp. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Soccer Camp Coaches, Beckman Catholic High School, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all right and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

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Signature of Parent or Guardian

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Date