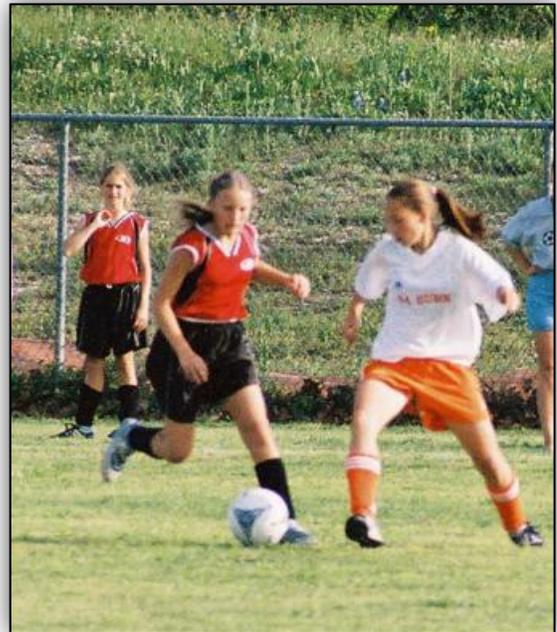


# Sudy Soccer Camp

Ages 4– 12 years

Camp Director and Head Coach is Sudy. Sudy is the former Head Varsity coach at West Linn High School. Sudy has a marvelous attitude and philosophy for coaching youth soccer players who want to improve their soccer skills.

Program focus is building cooperation, self esteem, and leadership skills through soccer. Students will engage in a fun and friendly environment where everyone feels welcomed. Besides learning new skills, campers make new friends, and be the best you can be! You will improve individual and team skills including: Skill drills (dribbling and passing), heading, defense and offense, shooting ranging from beginner to advanced levels. Play relay games, tag games, compete in fun competitions! All skill levels welcome (groups are split by ability) bring snack, lunch, and water. Come out to play and join the fun!



## Half Day Camp

FEE IC \$70 OC \$75

7165.301 M-F 9-12 7/14-7/18

7166.301 M-F 1230 – 330 7/14-7/18

## Full day Camp

FEE: IC \$145 OC \$150

7167.301 M-F 9-330 7/14-7/18

Oppenlander Sports Fields, Rosemont Road

Register for these programs at [www.westlinnoregon.gov/parksrec](http://www.westlinnoregon.gov/parksrec)

For more information call Parks & Recreation at 503-557-4700

# ACTIVITY REGISTRATION FORM

CITY OF WEST LINN

REGISTER ONLINE AT [www.westlinnparksandrec.com](http://www.westlinnparksandrec.com)

PARTICIPANT NAME \_\_\_\_\_ M or F DOB \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ANY MEDICAL CONDITION, ETC. \_\_\_\_\_

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO PARTICIPATE, PLEASE EXPLAIN HERE \_\_\_\_\_

CITY OF WEST LINN RESIDENT? \_\_\_\_\_

YES NO

CLASS #

ACTIVITY TITLE

START DATE/TIME

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL Amount Due \$ \_\_\_\_\_

Recreation Scholarship Fund: YES, I would like to contribute   \$1.00     \$2.00     \$5.00  , or other \$ \_\_\_\_\_ to the Recreation Scholarship Fund. This fund allows children from West Linn to attend recreation programs in our City who otherwise may not be able to participate. Please include this with your payment. Thank you for your donation.

Make Check to: City of West Linn  
Mail to: City of West Linn  
Recreation Program  
22500 Salamo Road, #1100  
West Linn, Oregon 97068  
503.557.4700  
503.656.4106 Fax

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ \$ Amount to charge \_\_\_\_\_

Charge card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Office Use Only: Approval Code \_\_\_\_\_

## WAIVER

In participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the City, its Mayor, City Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions.

\_\_\_\_\_\* I have read the above waiver and understand the contents\*\*

\_\_\_\_\_  
Signature (Parent or guardian)

For Staff use only  
Registered in RecNet by \_\_\_\_\_ on \_\_\_\_\_