



**Tallmadge United Soccer Club Invites You
To Kick Off The Fall Season At Camp!**

Date: August 1-5, 2011

Time: 9:00am - 12:00pm

Who: boys and girls age 7 - 14

Location: Summit County Fairgrounds

Tuition: \$95

Pre-registration is preferred

What is provided:

professional instruction and a t-shirt

What to bring:

A ball, soccer shoes, shin-guards and water.

For more information contact

Steve Davis at 330-673-3330

Or visit our website at

www.everestsoccer.com



Avalanche Registration Form

Name _____ Sex (M / F) _____

Address _____

City _____ State _____ Zip _____

Parent / Guardian's Name _____

Home Phone _____ Emergency _____

Email _____ B-Date _____

Pre-Registration Deadline: Application with deposit must be postmarked by July 18, 2011 to receive a t-shirt.

T-Shirt Sizes

Y - Medium Y - Large A - Small A - Medium

Avalanche Soccer Camp 2011 Deposit Total

August 1-5 (Summit County Fairgrounds;Tallmadge) \$40 \$95

Total Amount Enclosed (Minimum \$40 Deposit) _____

Make your check or money order payable to Everest Soccer Club and mail to the address listed below.

Release and Waiver

The undersigned, being the parent and/or guardian of _____ and having full right to do so, hereby agrees to allow said player to participate in the soccer clinic or other activities presented by US Club, Everest Sports Limited, USYSA, OYSAN and USSF and recognize that soccer is a hazardous sport and that the condition of the playing fields and facilities is beyond the control of the above associations, waives and releases all persons connected with the above named associations, their coaches, officials and officers, and their agents, from all claims resulting from injury or loss as a result of such participation, including transportation to and from all events, and further, hereby agree that no suit of action of law shall be instituted for the above reasons by me or by others on my behalf.

I have read the above and understand that this release waives significant rights.

Signature of Parent or Guardian _____ Date _____

Mail registration forms to:

**Avalanche Soccer Camp
2445 Deer Run
Ravenna, Ohio 44266**



An email confirmation will be sent prior to the clinic. If you do not receive a confirmation email, call Steve Davis at 330-673-3330