



**2007 CAMP DATES at Skypark, Scotts Valley  
Big Camp**

**Resident: \$110 Non-Resident \$118**

**Ages 7-10, 9:30-11:30 Daily**

**#7668 Week 1 July 23-27, 2007**

**#7669 Week 2 August 13-17, 2007**

**SCC Mini Camp**

**Resident: \$85 Non-Resident \$93**

**Ages 4-6, 10:00-10:50am Daily**

**#7673 Week 1 July 9-13, 2007**

**#7674 Week 2 July 23-27, 2007**

**#7675 Week 3 August 13-17, 2007**

**ALL PRICES ARE PER PLAYER**

Mail your registration form, with payment to:

**City of Scotts Valley 361 Kings Village Road Scotts Valley, CA 95066**

For information call Coach Ivan R. Wilson (831) 247-5856 or Scotts Valley Recreation (831) 438-3251

**REGISTRATION FORM (please print clearly)**

Session # Requested \_\_\_\_\_ Date \_\_\_\_\_

Soccer Player's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Parents Full Name \_\_\_\_\_

Address City Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work or Cell Phone \_\_\_\_\_

Player's Height \_\_\_\_ Position \_\_\_\_\_

Circle all appropriate:  Boy  Girl

Goalie  Beginner  Intermediate  Adv/Club  Mini Soccer

**HEALTH INFORMATION**

Emergency Contact (Other than Parents) \_\_\_\_\_

Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Medical Group Number \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

List any special problems, abnormalities or allergies to medicine, food, etc. \_\_\_\_\_

I hereby authorize the Staff of SCC Soccer Camp to act for me according to their best judgment, in any emergency requiring medical attention. I hereby waive and release the camp from any liability for all injuries and illness incurred while at camps

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

\_\_\_\_\_  
Date