John Jay Soccer Winter Camp 2017-2018

When:

December 2017

Sun Dec 3rd ~ 10am - 11am Sun Dec $10^{th} \sim 10 am - 11 am$ Sun Dec $17^{th} \sim 10 am - 11 am$

January 2018

Sun Jan $7^{th} \sim 10$ am - 11am Sun Jan $14^{th} \sim 10$ am - 11am Sun Jan $21^{st} \sim 10$ am - 11am Sun Jan $28^{th} \sim 10$ am - 11am February 2018

Sun Feb 4th ~ 10am – 11am Sun Feb 11th ~ 10am - 11am Sun Feb $18^{th} \sim 10 am - 11 am$ Sun Feb $25^{th} \sim 10 am - 11 am$ March 2018

Sun March 4th ~ 10am - 11am Sun March 11th ~ 10am - 11am

Where: John Jay High School Gymnasium Cost: \$50 Please make checks out to John Jay Soccer

Visit us on the web at www.johnjaysoccer.com for any updates or cancellations

(Tear off and send in the registration form with a check)

Registration Form

Pleas print, fill out, and mail to:

Coach Seipp 67 Seaman Road Stormville, NY 12582

Last Name	First Name	Age
Parent's Mailing Address:		
Cell/Home Phone #	we will only use this # i	n case of an emergency
	Parental Consent	
participate in the John Jay Soccer C my consent for emergency medical This care may be given under what dependent(s). I am aware that soco not hold the John Jay Soccer Camp	children participating in the camp)amp. As the parent or legal guardian of care prescribed by a duly licensed Doct ever conditions are necessary to preserver is a contact sport and my child (or chaff or the Wappingers Central School I and that portions of the camp may be in	the above-named player(s), I hereby give or of Medicine or Doctor of Dentistry. The the life, limb, or well-being of my hildren) may be subject to injury. I will District liable for any injuries that may
Parent Signature		Date