I hereby give permission for the below named Camper/Athlete to be examined by a trainer or licensed physician for treatment for any injury/ illness and to release the below insurance infor- mation		
Camper's Name		
Parent/Guardian Name		
Street Address		
City/State/Zip		
Home Phone		
Parent's Work Phone List any physical condition that the camp staff should be aware of. (ie.allergies, illnesses, disabilities, etc.)		
>>>In case of injury, I understand that I will be contacted during the child's examination. If I am not available, please contact: Name_ Phone_ Family Physician_ Phone:		
The undersigned assumes full responsibility for any injuries, damages or loss which may occur to Camper/Athlete in, on, or about the premises of By the Bay soccer camp/Thousand Islands Central School and fully and forever releases and discharges and agrees to hold harmless By the Bay Camp/Thousand Islands Central School, its officers, employees, and agents from any and all claims, demands, damages, rights of action, or causes of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in the By the Bay Camp.		
Parent or Guardian Signature Date		

Soccer Camp Application

Name:	
Age: Sex: F M	
Address:	
City:	State
Zip	
Phone Number	
School:	
Grade (Fall 2024)	

Make Checks payable to: By the Bay Camps

Signup online registration form under Shannon Amo Facebook page venmo option

Payment Must Accompany this Application by July 1st, 2024

If you have any questions, please call Shannon Amo @ 315-408-8776

We will also take applications the first day of camp.

Cost: \$85.00

Location: TI Turf Field

Please send check payments to: Shannon Amo PO Box 100

2024 By The Bay 20th Annual



Soccer Camp

GIRLS/BOYS

July 10,17,24,31

Grades 7-12th 5:30-8:30pm