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				
PhoneFamily 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				
1 archi of Guardian Signature Date				

## **Soccer Camp Application**

Name:_			-
Age:	_ Sex: F M		
Address	<b>:</b>		
City:		State	
Zip			
Phone N	Number		
S	School:		
Grade (	Fall 2023)		

Make Checks payable to: By the Bay Camps

Payment Must Accompany this Application by July 1st, 2023

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

We will also take applications the first day of camp.

Cost: \$70.00

**Location: TI Turf Field** 

Please send payment to: Shannon Amo PO Box 100 Clayton NY 13624

## 2023 By The Bay 20th Annual



## Soccer Camp

## GIRLS

July 5,12,19,26

Grades 7-12th 5-7:00pm