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	S Name: Age:
Camper's Name	Sex: F /M
Parent/Guardian Name	Address: City:
Street Address	Phone Number_ School:
City/State/Zip	Grade (Fall 202
Home	
Phone	T-Shirt Size: S Youth SM_
Parent's Work Phone	Make Checks p
List any physical condition that the camp staff should be aware of. (ie.allergies, illnesses,	By the
disabilities, etc.)	Send To: Shann
	Payment Must A 1st 2023 to receive
>>>In case of injury, I understand that I will be contacted during the child's examination. If I am not available, please contact: Name	(Applications w
Phone	If you have any
Family Physician	315-408-8776
Phone:	Grades K-3: \$6 Grades 4-6: \$6 Family Discoun Camp Directo Camp Location:

Soccer Camp Application	
	1).
StateZip	D
r 23)	20
6MLXL	
payable to: <u>Bay Camps</u>	
nnon Amo PO Box 100 Clayton NY 13624	R
Accompany this Application by June eive a t-shirt	
will be accepted the first day of camp)	
	Sc
y questions, please call Shannon Amo @	
60.00 8:30-10:00	
65.00 8:30-10:30 nt decreases \$5 for each additional child	DA
ors: Shannon Amo/Jill Amo : TI Turf and Practice soccer fields	B V
	JUN
	G

