

# OYSA SUMMER CAMPS

LEARN TECHNICAL AND TACTICAL SKILLS FROM CAMP DIRECTORS/TRAINERS

**ANTONI NACO AND LARRY FERROL**

GO TO [WWW.OYSASOCCER.ORG](http://WWW.OYSASOCCER.ORG) , Email or Call with questions:  
dlferrol@aol.com or 727-251-2036

## AIR CONDITIONED SHELTER PROVIDED

**Who:** Boys and girls of all playing levels ages 4 TO 18.  
**Time:** 8:00 AM – 4:00 PM  
**Cost:** \$75.00 for OYSA members - \$85.00 all others  
**Where:** Osceola High School Fields

**When:** \_\_\_ 6/28/10 - 7/2/10      \_\_\_ 7/5/10 – 7/9/10      \_\_\_ 7/12/10 – 7/16/10  
KEEPER CAMP ALL AGES  
\_\_\_ 7/19/10 – 7/23/10      \_\_\_ 7/26/10 – 7/30/10      \_\_\_ 8/9/10 – 8/13/10  
KEEPER CAMP ALL AGES

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail: \_\_\_\_\_ Male or Female

Medical Conditions \_\_\_\_\_

By checking yes I understand that pictures taken of my child may be used in promotional material, OYSA Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that my application will not be processed if full payment is not received at the time of registration. Enclosed is my check made payable to OYSA.  
**MAIL APPLICATION AND CHECK TO: OYSA, PO Box 10071, Largo, FL 33773**

### RELEASE OF LEGAL GUARDIAN ON BEHALF OF A MINOR

As a parent/guardian of the applicant, I hereby give permission for my child to participate in OYSA Spring Soccer and agree to comply with all program regulations. I hereby release, discharge and otherwise indemnify the OYSA and OHS , staff, management of local organization from any liability for injuries incurred during my child's participation in this program. I, the undersigned parent/guardian, do hereby authorize the coaches at Osceola Youth soccer or local organization to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care he/she may deem necessary.

**Parent/Guardian**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Paid check#** \_\_\_\_\_ **Cash** \_\_\_\_\_

**Each child should bring a  
soccer ball, shin guards,  
snacks, lunch and water.**