

7847 N. Caldwell, LoVerde Recreation Center

Fee (Both) \$80

Dates **Nov. 25-27** 

8U-10U (2016-2014) TIME: 9A-11A

11U-14U (2013-2010) TIME: 11:30A-1:30P

REGISTER TODAY AT WWW.NILES-PARKS.ORG



## Niles Strikers FC Futsal Camp

## Monday 11/25- Wednesday 11/27 @ LoVerde Recreation Center

Futsal Camp will be open to the public, and we welcome both club and recreational players.

## \$80 covers all 3 days.

Player First Name	yer First NamePlayer Last Name	
Home Address	City	Zip
Cell Phone	Email Address	
CII	RCLE DIVISION:	
8U-10U (2016-2014) : 9a-11a	a 11U-14U (2013-2010): 11:30a-1:30p	
PAYMENT OPTIONS:  ■ If paying via credit card, fill ounsfcmanagement@gmail.com ■ Drop off form with payment to □ Attn: Strikers FC Camp	OR	
Name on card:	Exp. Date:	CVV:
WAIVER AND RELEASE OF ALL CLAIN participating in the above identified programs/activities, you all claims for injuries, damages or loss which you or your connected with and associated with said programs/activitie and acknowledge that there are certain risks of physical in the full risk of any and all injuries, damages or loss, regard participating in all these programs/activities against the Ni after collectively referred as "District"). I do hereby fully redamages, or loss that my minor child/ward or I may have, owith, or in any way associated with these programs/activities or at the District's parks. Please be aware that these photo have read and fully understand the above important, warni	ou will be expressly assuming the risk and leminor child/ward might sustain as a result of es (including transportation services/vehicle jury to participants in these programs/actividless of severity, that my minor child/ward of les Park District, including its officials, ager lease and forever discharge the District from the work of participers. Photos are periodically taken of participes are for Park District use only and may be	egal liability and waiving and releasing f participating in any and all activities e operation, when provided.) I recognize ities, and I voluntarily agree to assume r I may sustain as a result of onts, volunteers and employees (here-in m any and all claims for injuries, d/ward and arising out of connected ants in a class, during a special event used in the District's publications. I
Parent/Guardian Signature		Date