



RSGSA NFP
Richmond / Spring Grove Soccer Association
 P. O. Box 114
 Spring Grove, IL 60081
 (815) 331-9523
<http://www.rsgsa.org>

Camp Registration Form

Child's Name _____
LAST NAME FIRST NAME

Age _____

Previous RSGSA player experience?* Yes No

When (season and year)? _____

Parent Contact Information

Mother's Name _____
LAST NAME FIRST NAME

Cell Number _____

Home Number _____

Father's Name _____
LAST NAME FIRST NAME

Cell Number _____

T-Shirt Sizes

Please circle the correct shirt size.

YS YM YL AS AM AL

I, _____, allow my child, _____
Parent's Name Child's Name

to participate in the RSGSA Summer Soccer Camp from June 28-30, 2010. I am aware that RSGSA and camp leaders are not responsible for any injuries or complications during camp sessions.

Parent signature _____

*If not involved with RSGSA within the past Spring Season, then please fill out insurance and medical waiver. If involved with RSGSA in Spring 2010 season then you do not need to fill out waiver.

