

**TUCKER YOUTH SOCCER ASSOCIATION  
RECREATIONAL SPRING BREAK CAMP  
April 7 -10 (Monday – Thursday)**

**Option #1: 9:00 am – 12:00 pm = \$90.00**

**Option #2: 9:00 am – 2:00 pm = \$150.00**

Player Name \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Email (print clearly) \_\_\_\_\_  
Team \_\_\_\_\_  
Playing Position \_\_\_\_\_  
Coach \_\_\_\_\_ Coaches Email \_\_\_\_\_  
Health Concerns \_\_\_\_\_

**PARENTAL PERMISSION AND WAIVER**

I, the parent/guardian of \_\_\_\_\_, hereby authorize the employees, representatives and/or designated agents of TYSA Camp to act for me in their best judgment in any emergency that requires medical attention for the above named minor. I hereby waive and release all employees, representatives, and designated agents of TYSA Camp and the Tucker Youth Soccer Association from any and all liability for any injuries or illnesses suffered while participating in Spring Break Camp 2008. It is also understood that TYSA will not be responsible for any damages caused by said minor or for loss or damage of any personal items or property. It is understood that I must inform TYSA in writing, of any special health or medical needs.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complete registration form and mail it with payment to  
TYSA Recreational Spring Break  
256 Lamont Dr  
Decatur, GA 30030**

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Questions regarding this camp should be addressed to Warren van der Westhuizen at [recdoc@tysa.com](mailto:recdoc@tysa.com) or by calling him at 404 713 5043.