

DANIEL IMHOF SOCCER SUMMER CAMP

Participant Information

Name of Player: _____ BC Care Card
#: _____
Address: _____ Phone: _____
Date of Birth: _____

Parent/Guardian/Emergency Contact Information

Full Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Circle Age Category: **Ages 5-8** **Ages 9-13**

Registration \$125

Price includes a t-shirt and a ball. Please bring shorts, shin guards and a water bottle.

June 30th - July 4th @ Chandler Park Fields

Ages 5-8 9:30AM - 11:30AM

Ages 9-13 12:00PM - 2:00PM

Payment/Refund Information:

Pay by cash, cheque or debit card. Cheques can be made out to Daniel Imhof. Full payment must be received to ensure your spot. 100% refunds given before June 20th, 2025 and 50% refunds given after June 21, 2025. Sign up at Dan's Sports

Parent/Guardian Signature: _____ **Date:** _____