



City of Waco Parks and Recreation

Youth FALL FUTSAL (Indoor Soccer) SKILLS CAMP

AGE: 3-4U, 5-6U, 7-10U, 11-13U,
14-16 & HIGH SCHOOL DIVISION

Camp Dates: Nov. 16th & 23rd; Dec. 7th & 14th

Registration Deadline: November 8th

Individual Fee: \$50

LOCATION: Dewey Community Center (925 N 9th St. Waco, Tx 76707)

Camp t-shirt for all kids registered! (must be registered by deadline)

Learn skills and basic fundamentals of the game of Futsal (Indoor Soccer) while having fun with kids of the same age! The camp will be under the instruction of Trained Soccer Coaches and City of Waco Employees.

Session	● <u>3-4u & 5-6u</u> (9am)	<u>11-13u</u> (11am)
Times	● <u>7-10u</u> (10am)	<u>14-16/HS</u> (12pm)

**CAMP BEGINS: SATURDAY,
NOVEMBER 16, 2024**
4 CAMP SESSIONS

CITY OF WACO PARKS AND RECREATION ATHLETICS OFFICE
3113 CLAY AVE. WACO, TEXAS 76711
● OFFICE HOURS: MONDAY- FRIDAY 8:30 AM- 4:30PM ●
OFFICE PHONE: (254) 750-5875
EMAIL: ATHLETICS@WACOTX.GOV
WEBSITE: TEAMSIDELINE.COM/WACO





**2024 City of Waco
Fall Youth Futsal Skills Camp
PARENTAL CONSENT AND RELEASE**

Child's Name: _____ Date of Birth: _____ Age: _____

Shirt size: (circle one) YXS YS YM YL AS AM AL

Parent(s)/Legal Guardian(s) Name(s): _____

Address: _____ City: _____ Zip Code: _____

Telephone Number(s): _____ Email: _____

I, the undersigned, hereby release and hold harmless the City of Waco, Texas, its officers, and employees, from any and all liability in connection with the 2024 Fall Youth Futsal Camp which will be held at Dewey Community Center in the City of Waco.

This is to release the City of Waco, Texas, its officers, and employees from any responsibility for any loss, delay, injury, or damage with respect to the above-designated minor or his/her property, however arising or caused.

I therefore understand that the City of Waco, Texas has acted as an agent for me the undersigned in providing equipment and training for the above-designated minor in conjunction with the above-stated program/activity, and that the City of Waco is not to be held responsible for any act, error, omission, or incident involving the above-designated minor during the time he/she is participating in the program or activity and that the undersigned hereby discharges the City of Waco, its officers and employees, from any and all future liability which may be caused or arise, whether arising from the negligence of any City of Waco officer or employee or the negligence of any third party, whether or not connected with or contracted with by the City of Waco in connection with the program or activity. By signature herein, I also grant to the City of Waco permission to obtain emergency medical care if necessary.

Signed: _____
(Parent or Legal Guardian)

Date: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING:

Name: _____

Relationship: _____

Home phone: _____ Business phone: _____

Address: _____

Doctor's name: _____ Office Phone: _____

Doctor's Address: _____

For Athletics Office Use Only:

- Birth Certificate
- Spreadsheet