



Red and Gold SoCCCer Camp 2025 Registration Form



When: June 16 – 20, 2025 _____ July 7 – 11, 2025 _____

(Select the camp week or weeks you wish to attend)

Time: 9:00 a.m. – 4:00 p.m.

Boys and Girls entering 3rd – 9th Grade

Fee: \$225 per week

Mail or scan completed registration form and check to:

- CCCSoccerCamps@gmail.com
- Clearwater Central Catholic High School
ATTN: John Gerdes RE: Soccer Camp
2750 Haines Bayshore Rd, Clearwater FL 33760

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|-----------------------------------|-----------------|
| Participants Name: | Shirt Size: |
| Date of Birth: | |
| School Attending: | Grade Entering: |
| Do you currently play soccer? | Where? |
| Parent Contact Information | |
| Name: | Relation: |
| Cell Phone: | |
| Address: | |
| Email: | |

Waiver

Authorization and hold harmless: I understand the risks and hazards associated with my child's participation in Clearwater Central Catholic High School's Soccer Camp, and certify that my child is physically fit to participate in all camp activities and that he or she is covered by health or accident insurance. In consideration of the instruction my child will receive regarding this camp, I agree to indemnify and hold harmless Clearwater Central Catholic High School, the Archdiocese of Saint Petersburg, CCC Athletic Director John Gerdes, all coaches and volunteers assisting with this camp or employees or representatives from any injuries, liabilities, claims, damages, costs or expenses incurred by me, my child or on behalf of my child, arising from, or in connection with, my child's attendance and participation in any camp activity supervised by Clearwater Central Catholic's Soccer Camp and accept full responsibility for the cost of all medical treatment to my child as a result of any injuries.

Player Name _____

Parent/ Guardian Signature _____

Date _____