

**SPARTAN SPROUTS SOCCER CAMP  
REGISTRATION FORM - 2007**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_  
(Please provide e-mail address for confirmation)

Phone: \_\_\_\_\_  
(In case of emergency)

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

June 18<sup>th</sup> – 22<sup>nd</sup> Camp: \_\_\_\_\_  
E. Lansing Soccer Complex (9:00am-12:00pm)

August 13<sup>th</sup> – 17<sup>th</sup> Camp: \_\_\_\_\_  
Holt 9<sup>th</sup> Grade Campus (9:00am-12:00pm)

T-Shirt Size (Circle selection):

Youth: S      M      L      XL

Adult: S      M

Amount Enclosed: \_\_\_\_\_

Please return check payable to: **SSSC,  
3820 Kiskadee, E. Lansing, MI 48823**

I understand that neither the E. Lansing Soccer Complex, City of E. Lansing, Holt Public Schools, Town of Holt, nor anyone associated with the Spartan Sprouts Soccer Camp will assume any responsibility for accidents and medical and/or dental expenses incurred as a result of participation in the camp. I certify that my child \_\_\_\_\_ is in good health and may participate in this camp. I grant permission for my child \_\_\_\_\_, to be given emergency treatment at a local hospital.

SIGNATURE OF PARENT OR GUARDIAN:

\_\_\_\_\_

Date: \_\_\_\_\_

SPARTAN SPROUTS SOCCER CAMP  
3820 Kiskadee  
E. Lansing, MI 48823

# SPARTAN SPROUTS SOCCER CAMPS



**"Where Michigan State  
University Soccer staff  
will help you grow."**

**June 18<sup>th</sup> – 22<sup>nd</sup> 2007  
East Lansing Soccer Complex  
E. Lansing, MI**

**Aug. 13<sup>th</sup> – 17<sup>th</sup> 2007  
Holt 9<sup>th</sup> Grade Campus  
Holt, MI**