# Quad Cities United Winter Academy

Player Name _____ Phone # _____

Address _____ City _____State _____Zip _____

Email _____ Age_____

Camp Cost: Current QC United Players $30
Non-QC United Players $60

Make Checks Payable to: Quad Cities United

Send Applications/checks to: Mick Regan
220 Pinehurst Drive
Eldridge, Iowa 52748

**Dates:**

Jan.31, Feb. 7, 21, 28, Mar. 7, 14.

**Times:**

| | |
|---|---|
| 9-10am | 9-11 year olds |
| 10-11am | 12-14 year olds |
| 11-Noon | 15-18 year olds |

**Location:**

Carver Arena,
Augustana College

Contact Mick Regan with questions.

**SPACE IN THE ACADEMY WILL BE LIMITED SO GET YOUR APPLICATION IN AS SOON AS POSSIBLE. WE ANTICIPATE HIGH INTEREST IN THE ACADEMY, AND ARE PLANNING TO CUT OFF THE APPLICATIONS IF A SESSION GETS TOO LARGE. WE ARE LOOKING FOR QUALITY RATHER THEN QUANTITY.** **DEADLINE JANUARY 25TH**

## Insurance Waiver

Player Name _____ Phone # _____ Email: _____

Address _____ City _____ State _____ Zip _____

## Parent Statement

I certify that my child, enrolled above, is in excellent health and may participate in strenuous physical activities. I agree to hold Quad Cities United and its staff harmless from any and all claims of injuries sustained by my child during participation in camp. Permission is hereby granted for my child to receive medical treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this registration.

Parent Signature _____ Date _____

Every player must complete and return an insurance waiver before participation.