

Registration Form

Our Lady of Mercy Soccer Camp

Camper's Name _____

Address: _____ City _____ State _____ Zip _____

Current School: _____ Entering Grade (fall): _____ Age: _____

Camper T-Shirt Size – Select One (1):

Youth: Medium Large XL

Adult: Small Medium Large XL

Parent Permission Form

Parent/Guardian authorization: my daughter _____ had a recent physical examination and is physically able to participate in all camp activities. I hereby release the camp directors and staff, Mercy High School and all its employees from all claims (present and future) resulting from injuries that may be sustained by my daughter while attending Mercy High School's Soccer Camp.

Parent/Guardian's Signature _____

Parent 1:
Name: _____

Parent 2:
Name: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Emergency Contact: _____

Phone #: _____

Withdrawal Information

I understand that a camper is admitted only upon the expressed condition that she has accident insurance. In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the coaching staff at Mercy High School's Soccer Camp or a physician to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my child. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the Mercy Soccer Camp.

Parent/Guardian Signature _____ Date _____

Please mail the form with your payment of \$150 by June 5th, 2026

*Registration after the date above does not guarantee t-shirt and/or preferred size

Venmo: alexander-stryker

Paypal: Alexander Stryker

Checks payable: Alex Stryker

Contact info: astryker@mercyhs.com

Mail to: Alex Stryker
177 Georgian Court
Rochester NY, 14610

Camp Time: 9am-12pm
Location: Mercy turf field
Alt. Location: Mercy cafeteria-if thunderstorm

Check box if paid electronically

Camp Dates: June 29th to July 2nd (Monday to Thursday)