

2018 Calallen Soccer Camp

Sessions For: *Grades Kinder – Incoming 9th*

Session Dates: *June 11th – 14th*

Session Time: *10:00-12:00 am daily*

Session Location: *Indoor Facility (Behind pool)*

Necessary Equipment: *Soccer shoes, shin guards, soccer ball, water*

Cost: *\$50 pre-registration*

\$75 day of camp (no shirt)

No phone reservations will be accepted. There are NO refunds or make-up days if you miss, or for bad weather.

Please keep the top portion of this sheet for you records.

Please return the bottom portion with a check to reserve your spot.

Student's Name: _____

Age: _____ 2018 Grade: _____ Year's Played: _____

Address: _____ Zip Code: _____

Medical Conditions, Allergies, Etc.: _____ Shirt Size: _____

Contact Information

Parent (s)/ Guardians Names: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Number: _____ Other: _____

Emergency Contact: _____ Emer. Contact #: _____

Make checks payable and mail forms to: *Sarah Love or Andrew McGinnis*

4001 Wildcat Dr. Corpus Christi, TX 78410

For more information contact **Sarah Love @ spiipkin_love@calallen.org or amcginnis@calallen.org**

I, as the parents or guardians of the above named child, hereby grant permission for them to participate in the soccer camp and acknowledge the fact that the child is physically able to participate in camp activities. I hereby release the camp, Sarah Love, her camp staff and Calallen ISD from all claims from injuries or illness which may be sustained by your child and authorize the director or the designee to select medical facilities and/or physician of their choice and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary while attending the 2018 Soccer camp. I also acknowledge that I am responsible for any and all expenses that may arise from any injury or illness that occurs during camp.

Signature: _____ Print: _____ Date: _____