

**Cost**: $65/per soccer player (includes cost of t-shirt) **Circle One**:

**When**: Wednesday May 30 – Friday June 1 8:30-10:30 a.m. U6 – U10

**Who:** U6 – U12 10:30-12:30 p.m. U12 & up

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

Phone/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents/Guardians\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Make Checks Payable to Chad Larson**

***RSVP to (308)641-1687* PAYMENT DUE @ CAMP May 30th**

**Coach:** Chad Larson, SHS Girls Varsity Coach

**Daily Schedule:** Each day will consist of technical skills work and applying those skills to games. The player will have the opportunity to improve all aspects of their game, while having FUN!

**Equipment:** Each soccer player will receive camp T-shirt, but must bring the following: shin guards, soccer ball, cleats and sneakers, sunscreen and water.

**Questions:**  Contact Kelli Larson (308) 641-1687

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| **MEDICAL CONSENT FORM**:  As the parent of legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the Larson’s Soccer Camp. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as other related activities incidental to my child’s participation, and I am will to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. In addition to giving my full consent for my child’s participation, I do hereby waive, release and hold harmless the Larson’s Soccer Camp, coaches and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence oor any other cause.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature Relationship to Child Date Signed |

**LARSON’S GIRLS SOCCER CAMP 2018**