

2013 High School Warrior Soccer Camp

About High School Warrior Soccer Camp: The 2013 High School Warrior Soccer Camp, for boys and girls, grade 9-12, will be held at the Philomath High School soccer fields during the week of August 12-16 from 5:30 to 8:00 pm. The emphasis of the camp will be conditioning, skills development, tactics, and just playing soccer.

Cost? The cost of the camp will be \$40 per player or \$70 per family. All players are welcome, so please let me know if there are any issues around ability to pay the registration fee. The fee includes insurance and a camp T-shirt. The camp is a fundraiser for the PHS soccer programs, so additional donations are always welcome.

Required equipment? Shinguards, soccer cleats and running shoes are required for camp participation. Each participant should also bring a water bottle with his/her name on it.

Soccer balls: We will have enough soccer balls so each camper will not have to share a soccer ball when doing drills or games

Registering? Early registration is encouraged and would be helpful for the timely purchase and availability of T-shirts at the beginning of camp. Please fill out the registration form below and return it and the camp payment (make checks payable to PHS) to:

John Williams
23222 Hwy. 20
Philomath, OR 97370

Participants can also register between 5:15 and 5:30 pm, Monday, August 12th.

Questions? Concerns? Call John, evenings @: 541-929-4056 or email: john.l.williams@hp.com

Thank you for supporting the PHS Warrior Soccer Program.

***** **REGISTRATION FORM: please send registration form with camp payment*******

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Player Name: _____ **Date of Birth:** _____ **Grade:** _____

Player email address: _____

Address: _____

T-shirt Size (please circle): YL
AS AM AL AXL AXXL

Parents name(s): _____

Parents phone number(s): _____

Parents email address(es): _____

Medical Information: _____ **Total Fees Included = \$** _____

Does this child have any limitations, allergies, or other significant medical condition? Yes / No

If yes, please explain:

Primary Doctor's Name and Phone Number: _____

Medical Insurance Program and ID# _____

Emergency Contact: _____

Emergency Contact Phone No.: _____

Medical Care Authorization

I, _____, parent/guardian of _____, hereby authorize John Williams to act on my behalf authorizing any reasonable and necessary medical care, including medicine, for the benefit of that child should the child become ill or injured during the time that the John is supervising or working with that child during the High School Warrior Soccer Camp, and if I, or the emergency contact above, are unable to be contacted at the above phone numbers.

(signed)

(dated)