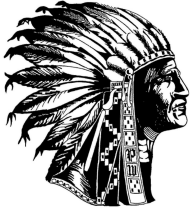
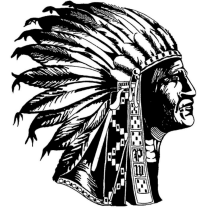


2018 Junior Warrior Soccer Camp



August 6th – 9th, 2018

9am – 11am @ PHS Soccer Fields



Who: Boys & girls, grades K-8th, no previous soccer necessary; all skill levels welcome!

Where: Soccer fields behind Philomath Middle School

When: August 6-9th from 9:00 to 11:00 am. (Monday - Thursday)

Why: Fun age specific activities and games to help develop fundamental soccer skills

Cost: \$40 per player/\$70 for 2/\$100 for 3 or more! T-shirt included in cost. The camp is a fundraiser for the PHS soccer programs, so additional donations are always welcome.

Registration: Registration will begin 8:30am on Monday 8/6 at the soccer fields. Please print out this form, which has a liability waiver and insurance section on the bottom. All sections must be filled out and signed by a parent/guardian for the registration to be accepted.

Required Equipment:

- Shin guards at all times.
- Soccer cleats are suggested, but not required.
- Water bottle
- Soccer ball with name on it. (under 8yrs –size 3, 8-12 – size 4, 12 up – size 5)

Looking forward to a great camp and a great year! Go Warriors!

Contact us with questions:

Mat Phelps – matphelps@gmail.com

Dave Ellis - dslaEllis@outlook.com

Participants Name: _____ Age: _____/Grade _____

T-shirt size(Circle) Youth or Adult: XS S M L XL XXL

PHILOMATH SCHOOL DISTRICT ACTIVITY/SPORTS CAMP LIABILITY WAIVER—INDEMNIFICATION FORM—INSURANCE INFORMATION

The purpose of the warning to bring to your attention the existence of potential dangers associated with participation in this sports camp or activity. Please read this information carefully and be aware that in signing up and participating in this activity, you will be expressly assuming all the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child might sustain as a result of participating in any and all activities connected with this activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of the activity, that my r child or I may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims my child or I may have or accrue to me or my child as a result of participating in this activity against the Philomath School District, Philomath High School or anyone associated with this activity; including the officials, agent affiliates, volunteers, employees and sponsors.

I do hereby fully release and forever discharge the Philomath School District and Philomath High School including their officials, agents, affiliates, volunteers, employees and sponsors of any and all claims of injury, damages or loss that my child or I may have, or which may accrue to me or my child and arising out of, connected with, or in anyway associated with this activity.

I do hereby authorize the instructors of this camp 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 coaches or sponsors are supervising or working with my child during the camp, and if I, or the emergency contact listed below, are unable to be contacted at the listed phone numbers.

Participant's Name _____ **DOB (dd/mm/yyyy)** ____ / ____ / ____

Address _____ **City** _____

State/Zip _____ **Phone#** _____ **Email** _____

Emergency Contact _____ **Phone** _____

Signature _____ **Date** _____

(parent or legal guardian)

Medical Information:

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#