



Simley Spartans Soccer Camp

For 2020 Simley Boys Soccer Players In 8th-12th Grade (Fall 2020)

Coach Anthony Keller, Simley High School Head Soccer Coach, is offering an affordable, fun and effective summer soccer camp in Inver Grove Heights for players looking to add to their playing edge. This camp is designed to prepare soccer players for the upcoming competitive school season. The camp's focus is advancing individual skills and small-sided exercises in a competitive and positive environment. All high school & 8th grade soccer players for next fall are welcome.

When	July 20-23
Time	10:00-12:00 am
Location	Simley High School Soccer Fields
Cost	\$80.00

Registration is available at www.simleysoccer.com. Refunds will not be given once camp has begun. If registering online, please fill out the waiver and email to simleyhighschoolsoccer@gmail.com or send to address below. Otherwise, please send check (payable to Simley Soccer Boosters) and registration form and waiver to:

Simley Spartans Soccer Camp
8790 Brunswick Path
Inver Grove Heights, MN 55076

Players should also bring soccer cleats, shin guards, a pumped-up ball, and lots of water.

PLAYER INFORMATION **WRITE LEGIBLY**

Player Name: _____

Player Grade Fall 2020: 8th Gr FR SOPH JR SR

Parent Name: _____

Player Email Address: _____

Player Cell Number: _____

Parent Email Address: _____

Parent Cell Number: _____

Parent Cell Number (during camp time): _____

Emergency Contact: _____

Emergency Contact Number: _____

PARENT/LEGAL GUARDIAN AGREEMENT | I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of Coach Keller and his affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the accepting the player for its programs and activities, I hereby release, discharge and/or otherwise indemnify Coach Keller and his affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT | As the parent/legal guardian of a participant in Coach Anthony Keller’s Camp, I hereby give my consent for emergency medical care prescribed by a duty licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I have read and accept the waiver: _____

Print Name: _____