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Simley Spartans

Soccer Camp

For 2018

Simley Girls Soccer Players

In 8th-12th Grade (Fall 2018)

Coach Nora Austin, 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 seasons. 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 9-12

Time 10:00-12:00 pm

Where Simley High School Soccer Fields

Cost $80.00

Registration is available at [www.simleysoccer.com](http://www.simleysoccer.com) or make check payable to Simley Soccer Boosters and send with 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. Important Information.

****Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Grade Fall 2018: 8th Gr FR SOPH JR SR

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Work or Home 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 Austin and her 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 Austin and her 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 Nora Austin’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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_