



# Simley Spartans Soccer Camp

## For 2020 Simley Girls Soccer Players In 8<sup>th</sup>-12<sup>th</sup> Grade (Fall 2020)

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 season. The camp's focus is advancing individual skills and small-sided exercises in a competitive and positive environment. All high school & 8<sup>th</sup> grade soccer players for next fall are welcome.

<b>When</b>	<u>June 22-June 25</u> from 10 am to Noon <u>July 13-July 16</u> from 10 am to Noon <u>Aug. 3-Aug. 6</u> from 10 am to Noon ( <i>replacing the first week of Captains Practice due to the extension of the summer waiver period</i> )
<b>Location</b>	Simley High School Soccer Fields
<b>Cost</b>	\$80.00* <i>*Players can choose to attend as many days as they want for the \$80 fee.</i>

A COVID-19 Preparedness Plan has been developed for the camp. We will be following the Centers for Disease Control (CDC) and Minnesota Department of Health (MDH) guidelines. More information on the plan will be shared as we get closer to camp dates.

Registration is available at [www.simleysoccer.com](http://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](mailto: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: 8<sup>th</sup> 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 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: \_\_\_\_\_