

SAINT IGNATIUS GIRLS SOCCER SUMMER CAMP

RETURNING PLAYERS

Date: June 21 thru June 24, 2010

Time: 9am to 12pm

Location: Saint Ignatius Sports Turf Complex

Fee: \$80.00 (checks payable to Saint Ignatius)

*fee includes camp T-shirt and Mario's Italian Ice

Please fill out reverse side and mail to:

Attention: Rob Stassen
Saint Ignatius College Prep
1076 W. Roosevelt Rd.
Chicago, IL, 60608

*Registration deadline is May 28, 2010

Camp Director Rob Stassen has been coaching soccer players of all ages for the past 8 years. His fun and energetic approach to coaching soccer allows his players to grow and develop increased tactical and technical skills. The focus of this camp will be based on individual development; including ball mastery, small game concepts, and functional training for specialized soccer fitness.

Name: _____

Date: _____

Address: _____

Age: _____

I hereby give my consent for the above named student to participate in this camp. I/We understand that participation in training carries risk of injury. I/We furthermore certify to the best of my/our knowledge based on medical examinations that the participant suffers from no pre-existing medical condition, which would be aggravated or injurious to the participant in this activity. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may be reasonably necessary for the student in the course of such athletic activities. I/We also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities.

(My student is adequately covered by personal or group insurance)

Signature of Parent/Guardian: _____

Date: _____

Mother's Daytime Phone: (____) _____

Evening: (____) _____

Father's Daytime Phone: (____) _____

Evening: (____) _____

Emergency contact:

Name: _____

Relationship: _____

Daytime phone: (____) _____

Evening: (____) _____