

CHRISTIAN SOCCER CAMP 2017

July 10 – 14, 2017

STANLEY PARK COMMUNITY CHURCH – 9 Dreger Ave Kitchener ON.

Cost: \$95/week before June 23rd 2017
\$120/week before July 7th 2017

Drop off: 8:30-9:00AM
Pick up: 4:00PM

****Payments by cheque or cash only. Cheques made out to “Stanley Park Community Church” with memo “Soccer Camp.”****

Athlete Information

Name: _____ D.O.B: _____
Grade (in Sept.): _____ Circle: M / F School: _____
Address: _____ City: _____
T-Shirt Size: YS ____, YM ____, YL ____, YXL ____, AS ____, AM ____, AL ____

Parent/Guardian Information

Name: _____
Phone: _____ Alt Phone: _____

Please list all persons permitted to check out your child upon dismissal:

Medical Information

Health Card Number: _____
Allergies: _____
Physical Health Concerns: _____
Other Concerns: _____
Doctor's Name: _____
Doctor's Phone: _____

What to Bring:

- Refillable Water Bottle
- Sunscreen
- Cleats (Strongly recommended)
- Indoor Running Shoes (and outdoor if you don't have cleats)
- Shin-pads & Soccer Socks (Recommended)
- Hat
- Bagged Lunch & Snack (Peanut-free)

***Please do not bring electronics or valuable possessions. The church and its representatives are not responsible if anything should happen to be lost, stolen, damaged.**

I (parent/guardian printed name), _____ do hereby grant permission for my son/daughter, named above to attend the camp. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness. I hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I authorise the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I acknowledge that my child is assuming the risk of such physical illness or injury by his/her participation. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp (possibly resulting in being sent home without refund).

I give permission for my child to be photographed/video recorded and that photos may be placed on the church's website.

Signature of Parent/Guardian _____ **Date** _____

*For any questions, comments, or additional information please contact Jordan Levesque at jordan@stanleyparkchurch.ca