CAMP REQUEST FORM

SPORT: _	Men's High	School Soccer D	ATES OF CAMP:	July 11 th - July 14 th 2022
WHO IS E		PARTICIPANTS: _	4 [®] Grade and Unc	ler
NO:	RTON ONLY C	OR OTHERS:Mo	stly Norton but co	uld be others
		BE ADVERTISED? camp brochure/flie		C team emails and FB posts_
COST:	\$40 per player			
COMPLET	E THE FOLLO	WING:		
*CC	ST BREAKDO	WN PER CAMPER	R	
T-sh	nirt/Jersey	\$15	Instruction	\$25
Refr	reshments		Advertising	
Prize	es		Additional Co	osts
		Total \$40		
*NA	MES OF COAC	CHES/INSTRUCTO	ORS:	
Ma	tt Davis	Jordan Hindma	rsh	
*SA	LARY BREAK	DOWN OF COACH	HES/INSTRUCTO	RS:
	_\$0			
*A S *OB. *FA	PECIFIC TIME JECTIVES CILITY USE – 1	luded in your camp SCHEDULE FOR PLACES, DATES As must complete fac	EACH DAY AND TIMES	provide liability insurance)
		Mutt Donis		5/25/2022
	(Signature of Sponsor)			(Date)
	(Signa	ture of Athletic Dir	ector)	(Date)
	(Signa	tuse of Building Pri	ncipal)	5.27/m2 (Date)
	(5:	ture of Superintend)	(Date)

NORTON YOUTH SOCCER CAMP

Organized by the Norton High School Men's Soccer Team







BACK TO BACK MAC CHAMPIONS 2020 & 2021

• WHO: Players 4th Grade and under

• WHEN: Mon-Thurs July 11th - July 14th 5:30-7:30pm

• COST: \$40 per player

• WHERE: Norton High School Stadium

1 Panther Way, Norton OH 44203

*Players should bring cleats, shin guards, water, and a soccer ball (sunscreen also suggested)

To Register your child, please email Jessica Emerling (Norton Men's Soccer Team Manager) at <u>JessEmerling@gmail.com</u> and include your child's name, age, and shirt size.

Detach the below form and bring it with payment on the first day of camp. Checks made payable to Jessica Emerling.

Player's Name:		Grade:
Parent Phone #:	Email:	

CONSENT FOR MEDICAL TREATMENT

As parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or doctor of dentistry. This care may be given under whatever conditions are necessary for the well-being of my dependent(s).

STANDARD LIABILITY WAIVER

I herby give permission for my son/daughter to attend the Norton Youth Soccer Camp, organized by the Norton Men's Soccer Team. I waive and release the Norton Men's Team and staff, as well as the Norton School District from any liability for any injury or illness incurred by my son/daughter while attending camp.

Parent Name (please print):	
Parent Signature:	Date:
Doctor Name/Phone:	Dentist Name/Phone: