# CAMP REQUEST FORM

SPORT: Womens Soccer DATES OF CAMP: 6/23/25-6/27/25

WHO IS ELIGIBLE?

AGE/GRADE OF PARTICIPANTS: 4th-12th grade

NORTON ONLY OR OTHERS: Others

HOW WILL THE CAMP BE ADVERTISED? Social Media & Flyers
(Please attach a copy of the camp brochure/flier)

COST: $85.00

COMPLETE THE FOLLOWING:

*COST BREAKDOWN PER CAMPER

| | | | |
|---|---|---|---|
| T-shirt/Jersey | | Instruction | $85.00 |
| Refreshments | | Advertising | |
| Prizes | | Additional Costs | |

Total $85.00

*NAMES OF COACHES/INSTRUCTORS:

Daniel DiPasquale Matt Davis Derrick Gullen Kelsey Ringkor

*SALARY BREAKDOWN OF COACHES/INSTRUCTORS:

COACHES ARE DONATING THEIR TIME FOR THIS YEARS SOCCER CAMP

The following should be included in your camp brochure/flier:

*A SPECIFIC TIME SCHEDULE FOR EACH DAY
*OBJECTIVES
*FACILITY USE – PLACES, DATES AND TIMES
(Note: Outside groups must complete facility use form and provide liability insurance)

| | |
|---|---|
| *Daniel V. DiPasquale* (Signature of Sponsor) | 4/9/25 (Date) |
| (Signature of Athletic Director) | 4/9/25 (Date) |
| (Signature of Building Principal) | 4/9/25 (Date) |
| (Signature of Superintendent) | 4/15/25 (Date) |

# NORTON HIGH SCHOOL
# PREMIERE SOCCER CAMP 2025

**Organizer:** Coach Daniel DiPasquale (Phone # 330-414-5306)
**Email:** teamazuri@aol.com

- Licensed High School & Youth Soccer Coach
- Head Women's Soccer Coach at Norton High School
- Over 35 Years High School, Youth, & Travel Coaching Experience

**Open to all GIRLS & BOYS players in the 4th through 12th Grade**

**Camp Dates:** Mon-Fri 6/23 – 6/27
**Camp Time:** 5:00p – 7:00p
**Location:** Norton High School
(Soccer Stadium)
1 Panther Way
Norton, OH 44203

**Players should bring:**
* Soccer Ball
* Water
* Wear comfortable cloths
* Outdoor SOCCER shoes
* Shin Guards
* Sun Screen Lotion

**Cost: $85.00 Per Player**
**Cost after June 16th: $95.00 Per Player**
**All Camp Forms & Payments are DUE by June 16th**

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**(Please detach bottom and return with payment)**

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## REGISTRATION FORM

**Players Name:** _____ **Players Grade:** _____
**Address:** _____ **Phone #:** _____
_____ **Parent Cell #:** _____
**Email:** _____ **Total Enclosed:** _____

**Please Make & Send Payment to:**
Norton City Schools
Attn: Womens Soccer
1 Panther Way
Norton, OH 44203

## STANDARD LIABILITY WAIVER

I hereby give permission for my daughter to attend the Norton Girls Soccer Camp. I waive and release the Norton H/S Soccer staff and the Norton School District from any liability for any injury or illness incurred by my son/daughter while attending camp.

**Players Name:** _____

**Doctor Name/Phone:** _____

## CONSENT FOR MEDICAL TREAMENT

As parent or legal guardian of the below 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).

**Parent/Guardian Signature:** _____

**Dentist Name/Phone:** _____