CAMP REQUEST FORM

SPORT:	Womens Soccer		DATES OF CAN	MP: <u>6/2</u>	7/22-7/1/22
WHO IS E					
NO	RTON ONLY OR O	ΓHERS:	Others	V Company	_
HOW WIL	L THE CAMP BE A ch a copy of the cam	DVERTISED?	Social Media		
COST:	<u>875.00</u>				
COMPLET	E THE FOLLOWIN	G:			
*CO	ST BREAKDOWN	PER CAMPEI	3		
T-shi	rt/Jersey		Instruct	ion	<u>\$75.00</u>
Refre	eshments		Advertis	sing	
Prize	S	-	Addit	ional Cost	s
	Tot	al \$75.00			
*NAN	MES OF COACHES	/INSTRUCTO	PRS:		
<u>Danie</u>	l DiPasquale 1	Matt Davis Em	nily Nagy Katie N	Nash Kae	elyn Puhalla
*SAL	ARY BREAKDOW	N OF COACH	IES/INSTRUCTO	ORS:	
COAC	CHES ARE DONAT	ING THEIR T	IME FOR THIS	YEARS S	OCCER CAMP
*A SP *OBJI *FACI	should be included ECIFIC TIME SCH ECTIVES LITY USE – PLAC Outside groups mus	EDULE FOR TES, DATES A	EACH DAY	d provide l	liability insurance)
	Daniel V. Du (Signature o		(Dat	<u>4/28/2</u> re)	22
	(Signature o	Alush f Athletic Dire	ctor)	$\frac{4}{\text{(Date)}}$	29.22
	(Signature of	Building Prin	cipal)	(Date)	29.22
	(Signature of	Superintender	nt)	(D	ate)

RTON HIGH SCHOOL PREMIERE SOCCER CAMP 2022



Organizer: Coach Daniel DiPasquale (Phone # 330-414-5306)

Email:

Doctor Name/Phone:

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 players in the 4th through 12th Grade

Camp Dates: Camp Time: Location:	Mon-Fri 6/27 – 7/1 5:00p – 7:30p 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 :	\$75.00 Per Player after June 20th: \$85.00 Pe amp Forms & Payments a	er Player are DUE by June 20 th			
(Please detach bottom and return with payment)					
REGISTRATION FORM					
Players Name	::	Players Grade:			
Address:		Phone #:			
		Parent Cell #•			
Email:		Total Enclosed:			
Please Make & Send Payment to: No At 41		orton City Schools ttn: Womens Soccer 128 S. Cleveland Massillon Rd. orton, OH 44203			
		70 000 00000			
STANDARD LIABILITY WAIVER I hereby give permission for my daughter to attend the Norton Girls Soccer Camp. I waive and release the Norton Girls Soccer staff and the Norton School District from any liability for any injury or illness incurred by my son/daughter while attending camp.		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).			
Players name:		Parent/Guardian Signature:			

Parent/Guardian Signature: _____

Dentist Name/Phone: _____