

CAMP REQUEST FORM

SPORT: Womens Soccer DATES OF CAMP: 6/24/24-6/28/24

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: \$75.00

COMPLETE THE FOLLOWING:

*COST BREAKDOWN PER CAMPER

T-shirt/Jersey	_____	Instruction	<u>\$75.00</u>
Refreshments	_____	Advertising	_____
Prizes	_____	Additional Costs	_____
Total		<u>\$75.00</u>	

*NAMES OF COACHES/INSTRUCTORS:

Daniel DiPasquale Matt Davis Derrick Gullen Courtney Casenhiser

*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)

3/27/24

(Date)

[Signature]

(Signature of Athletic Director)

4/23/24

(Date)

[Signature]

(Signature of Building Principal)

4.23.24

(Date)

[Signature]

(Signature of Superintendent)

4/24/24

(Date)



NORTON HIGH SCHOOL

PREMIERE SOCCER CAMP 2024



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 players in the 4th through 12th Grade

Camp Dates: Mon-Fri 6/24 – 6/28

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: \$75.00 Per Player

Cost after June 17th: \$85.00 Per Player

All Camp Forms & Payments are DUE by June 17th

(Please detach bottom and return with payment)

REGISTRATION FORM

Players Name: _____

Address: _____

Email: _____

Players Grade: _____

Phone #: _____

Parent Cell #: _____

Total Enclosed: _____

Please Make & Send Payment to: Norton City Schools
Attn: Womens Soccer
4128 S. Cleveland Massillon Rd.
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 Girls 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 TREATMENT

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: _____