

**TROJAN BOYS' SOCCER
SUMMER CAMP 2018
Grades 7th – 12th**



DATES: **JULY 15, 16, 17, 18, 19, 20**

TIME: 1:30 p.m. - 4:00 p.m. **JULY 15**
1:00 p.m. - 4:00 p.m. and 4:30 p.m. – 6:00 p.m. **JULY 16, 17, 18, 19**
9:00 a.m. - 11:00 a.m. **JULY 20**

PLACE/FIELD: **July 15 at Archer Park** **July 16 – 20 at Duke Park**

FEE: **\$100.00 PLEASE MAKE CHECK PAYABLE TO:
TROY HIGH SCHOOL SOCCER PARENTS' ASSOCIATION**

SEND: **REGISTRATION APPLICATION AND FEE TO:
TROY HIGH SCHOOL ATHLETIC DEPARTMENT
ATTN: Coach Richard Phillips
C/o Boys' Soccer Boosters
151 W. Staunton Road
Troy, OH 45373**

BENEFITS:

- Camp T-shirt
- Instruction from Coach Richard Phillips and Troy High School Coaching Staff

HIGHLIGHTS: Creating Space, Dribbling, Vision, Short Passing, Ball Control, Shooting, Pressurizing, Long Passing

WHAT TO BRING: Cleats and tennis shoes, shin guards, appropriate shirt and shorts, water, and soccer ball.

DEADLINE: **MUST BE TO COACH PHILLIPS BY JULY 9, 2018**

**2018 TROJAN BOYS' HIGH SCHOOL SOCCER
CAMP APPLICATION FORM**



Student's Full Name: _____

Parent's or Guardian's Name: _____

Address: _____

Email: _____ Birthdate: _____

Gender (circle one): male female Grade in Fall: _____

Home Phone: _____ Cell Phone: _____

T-SHIRT SIZE: (ADULT)

S _____ M _____ L _____ XL _____ XXL _____ (\$1.00 more)

Complete the information requested and mail us your completed registration form with full payment. Please mail to:

Troy High School Athletic Department
Attn: Coach Richard Phillips
C/o Boys' Soccer Boosters
151 West Staunton Road
Troy, OH 45373

CAMP HEALTH INFORMATION

In case of emergency, please call:

Emergency Name and relationship: _____

Emergency Telephone Number: _____

Does this student have allergies? Yes No If "yes" please describe: _____

Any medical conditions? Asthma or breathing difficulty Severe reactions to bee stings

Other Health Concerns Please explain: _____

DEADLINE: MUST BE TURNED IN BY JULY 9, 2018

WAIVER AND RELEASE:

In consideration of my child’s application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which my child may have or which may hereafter accrue to them against the Troy High School Soccer Parent’s Association (THSSPA), or its or their respective officers, agents, representatives, successors, and/or assigns; for any and all damages which may be sustained or suffered by them in conjunction with their association with or participation in and/or rising out of their traveling to or returning from said Troy High School.

Signature (Parents or Guardian)

Date

PARTICIPATION AGREEMENT AND WAIVER OF LIABILITY

Activity(ies): _____
(list all activities in which the student participates)

The Undersigned parent and/or guardian of the student understands and is aware that during the Activity(ies) in which the student is participating (identified above), under the direction of Troy City School District and its employees and volunteers (“TCSD”), certain risks and dangers may occur, including but not limited to, hazards of accidents or illnesses, the forces of nature, personal injuries, theft and/or destruction of personal property, acts of third persons, and travel by airplane, automobile, bus, train, or other means. In exchange for TCSD allowing the student to participate in the Activity(ies), the Undersigned hereby assumes the risks as set forth above and the Undersigned on his/her own behalf and on behalf of his/her child hereby releases, discharges and/or waives any and all liability, claims, damages, causes of actions and/or demands against TCSD of negligence and every kind and nature whatsoever which may arise from or in connection with the Activity(ies). The Undersigned further agrees to indemnify and hold TCSD harmless from any claim arising out of or related to the student’s participation in the Activity(ies). This release shall be binding upon the Undersigned and the heirs, next of kin, executors, administrators and personal representatives of the Undersigned.

The Undersigned verifies that the student is covered by a current accident/medical policy of his/her own or with his/her parents and/or guardian.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name