

**TROJAN GIRLS' SOCCER**  
**SUMMER CAMP 2018**  
Grades 9<sup>th</sup> – 12<sup>th</sup>



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

**TIME:** 10:30 a.m. – 12:15 p.m.  
1:15 p.m. – 3:00 p.m.

**PLACE/FIELD:** ARCHER 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 Michael Rasey  
C/o Girls' Soccer Boosters  
151 W. Staunton Road  
Troy, OH 45373**

**BENEFITS:**

- Camp T-shirt
- High Quality Training from Elite Instructors

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

**DEADLINE:** **MUST BE TO COACH RASEY BY JUNE 26, 2018**

**2018 TROJAN GIRLS' 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 Michael Rasey  
C/o Girls' 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 JUNE 26, 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