



Lakota East Kids Camp



The Lakota East Women's Soccer Program is pleased to announce its 2019 Summer Kids Camp for Girls. The camp will be held on July 8, 9 and 10 from 6:30 - 8:00 p.m. each night on the turf field at Lakota East High School.

The camp is designed to teach an appreciation for the game of soccer, focus on ball skills and technical skills, as well as games and drills designed to enhance the camper's ability on the ball.

The camp will be instructed by members of the Lakota East High School women's soccer staff, with assistance from members of the current Lakota East women's soccer team.

For those who register prior to June 15, 2019, the cost of the camp will be \$65. Those registrations received after June 15, will pay \$75. The registration fee includes a camp T-shirt.

Geared toward students entering 1st through 6th grades in the fall, campers will be placed into work groups according to skills and age, to ensure quality instruction. Students entering the 7th and 8th grades are encouraged to contact Coach Tom McEwan at tmcewan259@hotmail.com to discuss an advanced summer camp offered to junior high-aged students.

Camper Name: (LAST) _____ (FIRST) _____
 Camper Home Address: _____
 City: _____ Zip: _____
 Camper Age: _____ School Attending: _____ Grade: _____
 Camper Home Phone #: () _____
 Mother or Father Name: _____ Email Contact _____
 Emergency Contact Cell #: () _____

Submit payment to: LEHS KIDS CAMP
7541 BARRET ROAD
WEST CHESTER, OH 45069

T-Shirt Size:

Youth - Small() Medium() Large()
Adult - Small()

I agree that neither the Lakota East Women's Soccer team nor Lakota East High School shall be liable for any injury or loss which my child may sustain while participating in this soccer camp. I agree to indemnify and to hold harmless the organizing soccer group from any claim whatsoever. The above applicant is in good health and has my permission to participate in this program. In case of an emergency, I grant permission for my daughter to be given emergency medical treatment at a local hospital.

Parent or Guardian Signature

Date



LOCAL SCHOOLS

Off-Season Student Activities or Camps

Release of Liability / Informed Consent / Assumption of Risk Waiver

I _____, hereby understand and acknowledge that participating in off-season student activities, including camps, school-sponsored activities not-in-season, open mat, open gyms, and/or use of exercise equipment (hereinafter, the "Activity") provided by **Lakota Local School District Board of Education** on its properties, requires physical exertion that may be strenuous and may expose me to many inherent risks, including accidents, physical injury, illness or even death. I am fully aware of the risks and hazards involved. I assume all risk of injuries associated with participation in said Activity of which may or may not be currently known, including, but not limited to, falls, contact with other participants, physical injuries, potential for falls, slips, sprains, broken bones, etc. In extremely rare cases, paralysis and even sudden death can occur as a result of the participation in this Activity. Serious injury or sudden death may also occur as a result of improper use of equipment.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in Activity. I acknowledge that I am physically fit and mentally capable of performing the physical Activity I choose to participate in.

Being fully informed as to these risks and in consideration for being allowed to participate in this Activity, I hereby assume all risk of injury, damage and liability arising from participation in this Activity. I have read this Release of Liability and Assumption of Risk Agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily. I hereby release and hold harmless the **Lakota Local School District Board of Education**, its board of education members, employees, volunteers and agents from any liability, actions, causes of action, claims, judgments cost or expense, including attorneys fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by me while participating in said Activity. I have voluntarily chosen to participate and assume all such dangers and risks.

Student's Name	Participant's Signature	Date
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I certify that I am the parent/legal guardian of the above-named student, and that I have read and understand this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. I certify that I have explained the risks and dangers to my child. I certify that I have completed, signed, and returned an Emergency Medical Authorization Form consenting to emergency medical treatment for my child. I hereby release and hold harmless Lakota Local School District Board of Education, and their board of education members, employees, volunteers and agents associated with the Activity and related activities from any liability, actions, causes of action, claims, judgment cost or expense, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in this Activity(ies). I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my child be permitted to participate in this activity.

Parent's Name	Parent's Signature	Date
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Parent's Name	Parent's Signature	Date
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Is this student covered by a medical insurance policy? Yes: _____ No: _____

If yes,
Insurance Company: _____ Policy Number: _____