

**RHS Youth Soccer Camp
Camp Overview**

What:

Raider summer soccer camp for boys and girls entering grades K-8. (Campers will be separated by age groups). You get 4 days of quality instruction and fun while supporting the RHS boys soccer team!

When:

June 10th - 13th
8:00 am - 10:00am

Where:

Baldwin Road Soccer Stadium
2300 Baldwin Place
Reynoldsburg, OH 43068

What to Bring:

Water, comfortable shoes to run in, shin guards, a soccer ball (if you have one), and a great attitude

Who:

Varsity Boys Coach
Tony Labudovski
Along with select RHS players

Questions:

Send email to:

Reynoldsburg Raiders Boys Soccer
reynoldsburgraiderssoccer@gmail.com

Cut and mail application to RBSC, P.O. Box 738, Reynoldsburg, OH 43068



Boys/Girls Grades K-8 (note: participants must be entering K-8 in the upcoming school year)

PARTICIPANT NAME: _____
 DATE OF BIRTH: _____ AGE: _____ GRADE: (FALL 2019): _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 PARENTS NAME: _____
 DAY PHONE: _____ CELL: _____
 PARENTS EMAIL: _____

T-SHIRT SIZE: (Please Circle One) YOUTH: S M L ADULT: S M L
 (Shirt size/color subject to availability for late registering campers.)

Note: Camp Director reserves the right to cancel activities (or re-locate to indoors) in the event of dangerous or inclement weather. No refunds will be given for acts of nature.

CHECK ONE:
 \$65.00 for early registration (Prior to May 10th, 2019)
 ** Note \$15.00 discount for each multiple sibling
 \$75.00 for late registration/walk-up

**Please make check payable to: RBSC (Raider Boys Soccer Club)
 \$20.00 Non-refundable Cancellation Fee**

Waiver of Liability

The undersigned, on behalf of himself/herself and on behalf of his/her child ("the registrant"), recognizing the possibility of physical injury associated with the following activity: SOCCER, and I as parent/guardian offer the registrant for participation in said activity, assumes and accepts full responsibility for any and all liability claims arising from this activity, and releases, discharges and/or otherwise indemnifies 'BURG YOUTH SOCCER CAMP, the Reynoldsburg City Local School District and all its employees and volunteers from liability for any claim by or, on behalf of the registrant as a result of the registrant's participation in the activity.

Consent for Emergency Treatment

In the event that reasonable attempts to contact me at _____ (phone) or _____ (other parent phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred Physician) or Dr. _____ (preferred Dentist), or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) **or any hospital reasonably accessible.** Facts concerning the child's medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted: _____

Signature of Parent/Guardian: _____ Date: _____