



Come Kick It up at the 16th ANNUAL WESTERVILLE CENTRAL YOUTH SOCCER CAMP



June 25th through June 28th, 2018 (Monday – Thursday) 9:00 a.m. - 10:45 a.m.

(Hosted by WCHS Coaches and Players)

Westerville Central High School Stadium, 7118 Mount Royal Avenue Boys and Girls ages 5 to 14 – players placed by age groups

Registration Cost:

\$65.00 (pre-register by 6/15)

2nd family member registering is only \$55.00

\$75.00 (after 6/16 and during camp week)

Walkup applications are accepted on the first day, but early registration is preferred (see rates above)

Players should wear shin guards and bring a soccer ball and water to camp each day.

Camp T-shirt

Games & Prizes Popsicles

Make your checks payable to WCABC. Mail with registration form to:

WCHS Youth Soccer Camp

6203 Falcon Chase Dr, Westerville, Ohio 43082

Phone: (614) 895-1991 (Kim) E-mail: warhawkboysoccer@gmail.com

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Westerville Central Youth Soccer Camp 2018

PLEASE PRINT CLEARLY

Registration form fields: Last Name, First Name, Age, Grade Entering Fall 2018, T-Shirt Size, Medical Conditions/Allergies

Injury and Insurance Release Statement: I give my permission for my child to participate in the Westerville Central Soccer Camp. In addition, I agree to accept any and all liability in case of accident or injury.

Parent/Guardian Signature for Insurance Release: Date:

Emergency Medical Authorization (Section 3313.312 Ohio Revised Code)

Emergency Medical Authorization form fields: Parent/Guardian Name(s), Phone, Cell, Street Address, City, Zip Code, Parent E-mail

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

PART I or PART II must be complete.

PART I CONSENT – In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the admission of any treatment deemed necessary by (preferred physician) @ phone or (preferred dentist) @ phone, or in the event that the preferred practitioner is not available, by any other licensed physician or dentist, and transfer of the child to (preferred hospital) or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted to. Date: Signature:

PART II – REFUSAL TO CONSENT – I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or to

Date: Signature: