# SMITHVILLE BOYS and GIRLS SOCCER CAMP 2024



CAMP INFORMATION

Dates: June 11-13 Location: High School Soccer Stadium Incoming 1st-6th Graders: 4:30 pm-6:00 pm



**GREEN LOCAL ATHLETICS** 

200 SMITHIE DRIVE SMITHVILLE, OH 44677

Cost: \$25 \*\* Make checks payable to Smithville All Sports Boosters, memo: "Boys Soccer" or "Girls Soccer" \*\*

# Registration deadline: May 24, 2024

\*\* If you do not play youth soccer, please register by email at DLDAVE777@hotmail.com \*\* Questions: Contact Coach Zimmerly at DLDAVE777@hotmail.com

## ATHLETE INFORMATION

Athlete's Name: Incoming Grade: T-Shirt Size: Athlete's Name:\_\_\_\_\_ Incoming Grade:\_\_\_\_\_ T-Shirt Size:\_\_\_\_\_

Athlete's Name:\_\_\_\_\_ Incoming Grade:\_\_\_\_\_ T-Shirt Size:\_\_\_\_\_

Athlete's Name:\_\_\_\_\_ Incoming Grade:\_\_\_\_\_ T-Shirt Size:\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name:(	Last)		
Address:	City:	_ State:	_Zip:
Phone: (Cell)	(Work/Home)		
Email address of parent or guardian (if available)			
Secondary contact:		Relationship:	· · · · · · · · · · · · · · · · · · ·
Phone: (Cell)	(Work/Home)		·····
Email:			

Medical Treatment and Release from Liability: I authorize the staff of the Smithville Youth Soccer Camp to act according to their best judgment in any emergency requiring medical attention and I waive and release the camp, its instructors, Green Local Schools, and its employees from any liability for any injuries or illness incurred while at the camp. I have no knowledge of any physical impairment that would be affected by the camper participating in camp.

### I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian: \_\_\_\_\_\_ Date: \_\_\_\_\_\_