

**2016 Buckeye Youth Soccer Camp
Conducted by**

**Derrick Gullen - High School Girls Varsity Coach
Amanda Patrick - High School Girls Assistant Varsity Coach
and
Buckeye High School Varsity and JV Soccer Teams**

Cost: \$35/child
Who: Any child (in any district) age 4-14 years old
Dates: Monday, June 6th - Thursday, June 9th
(Friday, June 10th, Rain-Out Date)
Time: 6:00 - 8:00 PM

This is an opportunity for your child to enhance their soccer skills at a very affordable price, and to show support for our high school athletes to assist in the raising of funds to support their upcoming soccer season. Groups will be arranged by age/ability and will concentrate on foot skills, drills, and specific positions of play.

**For each day of camp your child must bring:
Shin Guards
Water Bottle
Soccer Ball**

Please register by May 22nd to secure a spot and guarantee your camp t-shirt. Contact Maureen Maxwell mgmaxwell72@gmail.com or 330-461-2196. Sign-ups will be available the first day of camp (although pre-registration is required to receive a t-shirt).

Make checks payable to: **Buckeye Athletic Boosters** **Amount \$35**

All proceeds will go directly towards the high school soccer teams 2016 equipment purchases.

**Mail / Drop-off registration form to:
Michelle Stacy
9217 Norwalk Road
Litchfield, Oh 44253**

For more information contact:
Maureen Maxwell (330)461-2196

Camper Name: _____

Age at Camp:_____ **T-Shirt Size (circle): Youth / Adult SM MED LARGE XLARGE**

Parent Email Address:_____

Allergies or Medical Condition we should be aware of:_____

Does your child currently play: Recreation Level:_____ **Travel Soccer:**_____

Buckeye Soccer Emergency Contact / Waiver and Release Form

Buckeye High School Youth Camp - 6/6 - 6/9 (rain date 6/10)

Player Name _____ Gender _____ Age _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____

Phone(Day)(_____) _____ - _____ Phone(Eve)(_____) _____ - _____

In case of Emergency and parent/guardian cannot be reached:

Contact _____ Relationship _____ Phone _____

Medical Insurance Company (REQUIRED)

Ins Co. _____ Policy # _____ Grp# _____

Insured Employer _____

WAIVER AND RELEASES

I understand that there are risks involved with my child's participation at the **Youth Camp**. I hereby authorize the directors of the **Buckeye Soccer**, to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors of **Buckeye Soccer**, from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in this camp. Dismissal due to disciplinary action will result in no refund. I acknowledge and accept the conditions above with my signature below.

I certify that my child is in good health, and may participate in strenuous physical activities at the camp. I certify that there are no physical limitations to my child's participation in the **youth camp**. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and forever discharge **Buckeye Soccer** and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by my child in connection with his/her participation in the **youth camp**. I acknowledge and accept that this **Waiver and Release** is intended to be binding on the family, estate, heirs, executors, administrators and assigns of the minor named above. I further acknowledge and accept that this **Waiver and Release** is intended to be as broad and inclusive as permitted by the laws of the state in which the **youth camp** is taking place and agree that if any portion of this **Waiver and Release** is invalid, the remainder will continue to be in full force and effect. I agree that this **Waiver and Release** binds the minor and me to all of its terms.

I waive and release the Buckeye High School, the Board of Trustees, the Board of Governors, the State of Ohio, (or any other entity designed by Ohio law to manage, operate and/or oversee the Buckeye Board of Education or the Board of Trustees), and their heirs, assigns or successors in interest of any and each of them from any and all liability which may result or arise from either my child's athletics participation or any medical treatment my child may receive.

PARENTS SIGNATURE

_____/_____/_____
DATE