

**PLEASE READ AND SIGN
BELOW:**

The undersigned in partial consideration for the participation of his or her children in the Gales Kids Soccer Camp does hereby waive, release and forever discharge the Lancaster City Schools, Board of Education, their employees, and the league authorities from any and all damages sustained by the participant child arising from or out of said participation. **This camp is not sponsored by the Lancaster City Schools.**

In addition, the undersigned understands that the camp authorities are not responsible for any accidents, medical or dental, incurred during the course of the camp and the coaches and the organizers are to be held blameless. The undersigned also agrees that the participant is physically fit and able to take part in vigorous activities. Should any illness or injury occur, the undersigned consents to allow medical treatment for the participant.

Signature of Parent/Guardian

Date _____

Gales Kids Soccer Camp 2010



June 8 through June 11 2010

At the LHS Soccer Field

Grades 4-8 from 9:00-11:30 am

Grades 1,2,3 from 2- 4:30 pm



GALES SOCCER CAMP REGISTRATION

- Athlete's Name:

-
- Grade In School for 2010-11

-
- T-shirt size: Ys YM YL
AS AM AL AXL

Emergency Contact Person

-
- Phone # _____

- Cell # _____

Make Checks Payable to:

Gales Soccer Camp- \$50

Paid in: Check _____ Cash _____

Putting **FUN** into the fundamentals of soccer

*Emphasis will be on:
Having fun, soccer instruction, good
grades, teamwork and getting along
with others.*

Awards will be given out daily
and at the end of the week!

- If you have questions e-mail
Coach Kent Conklin at
conklinkent@hotmail.com

Dates: Tuesday, June 8- Friday, June 11

Time: 9-11:30 am for grades 4,5,6

2-4:30 pm for grades 1,2,3

Place: Lancaster High School soccer field.

Grades 1-8 for 2010-11 school year

Price: \$50

Each camper will receive a t-shirt.