

Elkhart Memorial Summer Soccer Camp



July 12 - July 15 6:00 to 8:00 PM



WHAT: Elkhart Memorial Boys and Girls Soccer Coaches, Dan Sullivan and Don Knowlton, and Memorial players will be running a summer soccer camp for:

Current 5th, 6th, and 7th grade BOYS and GIRLS

WHEN: Monday, July 12th through Thursday, July 15th, 2010

TIME: 6:00 to 8:00 PM

COST: \$20.00 (Please make checks payable to: **Don Knowlton**)

WHERE: Memorial Soccer Field (Please arrive by 5:50 PM each day.)
Rain Out Day: Friday, July 16th

ATTIRE: Players should dress appropriately for the weather and wear shin guards. They will also need to bring a soccer ball and water each day.

Early registration is encouraged. Applications are due by Monday, July 5th to guarantee a t-shirt, but registration will remain open until the first day of camp.

The clinic will feature instruction in all areas of soccer, including foot skills, small sided play, and team tactics. Any questions concerning the camp can be e-mailed to the girls head coach Don Knowlton at dknowlton@elkhart.k12.in.us or if necessary call 606-7894.

ELKHART MEMORIAL SOCCER SUMMER CAMP REGISTRATION FORM

Name _____ 2009/10 Grade _____

Address _____ Zip _____

Home Phone or Cell _____ Emergency Phone _____

E-mail Address _____ T-shirt Size YM YL S M L XL XXL

This is a release between the parents of _____ and the Elkhart Community Schools. It is understood by our family that our child is physically fit and able to voluntarily take part in this athletic camp at Memorial High School. Insurance coverage for our child is our responsibility and not that of the Elkhart Community School Corporation. In case of injury, it is our responsibility to seek treatment and be responsible for any expenses for said treatment and not hold the Elkhart Community Schools responsible for said expenses. In case of accident and if school authorities cannot contact me: I authorize them to contact a physician and/or hospital to request immediate treatment with the understanding that such authorization does not obligate the school and its representative to assume financial responsibility. I have the following kind of insurance protection for my child: **(Check one)** _____ My private or group program _____ No program. I shall be responsible for all expenses.

PARENT SIGNATURE

DATE

Make checks payable to: Don Knowlton

Send to: Attn: Don Knowlton, Elkhart Memorial HS, 2608 California Road, Elkhart, IN 46514