



2015 GIRLS' SOCCER SKILL BUILDING CAMP

June 1-4 at the Stadium

5:30 PM – 7:00 PM

\$55/player

Girls entering grades 3-8

We invite your daughter to participate in our third annual skill building camp designed for our younger youth. Manheim Central's Head Varsity Coach, John Shetromph, and his MC coaching staff will direct the camp. Selected High School players will join in the teaching of individual and tactical skills needed and expected to become more successful on the field. **Players should bring a properly inflated sized ball for your child's age, shin guards, and water.** We will provide a challenging, yet fun atmosphere. The cost to attend is \$55.

Completion of the registration and medical release is required. If a player needs scholarship financing, please contact the Director, John Shetromph, at coachshet@yahoo.com.

Registration ends on May 8

Return payment and form to:

Anita Hatch | 53 Pine Tree Drive | Columbia, PA 17512

Detach and return - ONE form/player.

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules and guidelines of the Manheim Central School District, and any affiliated organization or sponsor. Recognizing the possibility of injury associated with soccer and in consideration for the Manheim Central program, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge, and/or otherwise indemnify Manheim Central School District, the coaches, invited coaches, their affiliated organizations and sponsors, and their programs. I hereby give permission for any and all medical attention necessary to be administered to my child. In the event of an accident, injury, sickness, etc. under the direction of the persons administrating the Program, I request that I be contacted as soon as possible regarding my child's care, but release full responsibility until such time as that is possible.

Medical Release and Player Information

Player Name _____ Entering Grade _____ *(grade 3-8 for Fall 2015)*

Parent/Guardian _____ Emergency Phone(s) _____

Address _____

Email _____ *(neatness is appreciated)*

Medical Information of importance (current medication, injuries, etc.)

Check payable to "MCGSBC", \$55
(February 2015)

T-Shirt Size _____
(YS, YM, YL, YXL, AS, AM, AL, AXL)

