

## 2018 Baron Boy's Soccer Camp Waiver

PARENT'S APPROVAL AND MEDICAL RELEASE. Recognizing the possibility of physical injury associated with sports, I hereby release, discharge and/or otherwise indemnify the MC Boys Soccer Program, its affiliated organizations and sponsors, their volunteers and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the camp. I certify that my child is in good health and is able to participate in the program. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent/Guardian and Date

Emergency Contact: \_\_\_\_\_

Email \_\_\_\_\_  
(Email will be sent when registration to confirm registration is received)

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Insurance Policy Number

### Photo Release Form

I grant Manheim Central Boys Soccer Booster Club hereby known as MCBSBC, its officers and representatives, permission to photograph my child during soccer camp.

I agree that MCBSBC may use such photographs of my child with or without his name for any lawful purpose, including such purposes as public illustration, advertising, MCHS Boys Soccer game program, and web content.

\_\_\_\_\_ I grant permission for my son to be photographed  
\_\_\_\_\_ I do not grant permission for my son to be photographed

Parent Signature \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

# Barons

2017 District 3 Championship Finalist



## MCHS Barons Boys Soccer Youth Camp

Featuring the 2018 MCHS Barons  
and Coaching Staff

**Free T-shirt and Free Age Appropriate Ball  
Included in Registration**

For Boys Entering 3<sup>rd</sup> to 8<sup>th</sup> Grade

June 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>  
Monday through Thursday  
6 pm until 8:30 pm

At Manheim Central Graybill Fields  
(behind Doe Run Elementary School)  
54 North Penryn Road  
Manheim, PA 17545

This camp is designed for boys within the Manheim Central School District who will be entering 3<sup>rd</sup>-8<sup>th</sup> grade in the fall of 2018. The camp will be directed by the Manheim Central High School Boys Soccer Coaching Staff while the MCHS Boys Varsity and JV players assist and mentor the younger athletes. Players will be given the opportunity to develop technically and tactically while having fun in a safe non-threatening learning environment.

Players will be grouped by age and/or ability. The camp experience will include technical training, small sided games, and assorted competitions. **All players attending will receive a Baron Soccer Camp t-shirt and age appropriate ball.** Players should bring water. There will be a refilling station at the field.

**COST:       \$65 if paid by May 21st, 2018  
              \$75 after May 21st  
              \$10 sibling discount**

**LAST DAY TO REGISTER: June 4<sup>th</sup>, 2018**

Make Checks Payable to: **MCBSBC**

Mail Checks to: Barons Boys Soccer Camp  
375 Fairview Road  
Manheim, PA 17545-9610

Contact Rod Brenize with questions at [brenizer@manheimcentral.org](mailto:brenizer@manheimcentral.org)

## Player(s) Registration

Player 1 Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Years Played \_\_\_\_\_

School \_\_\_\_\_ Grade Entering \_\_\_\_\_

Circle T-shirt size   YS   YM   YL   AS   AM   AL   XL

### **Medical History**

Is your son currently on medication?       Yes \_\_\_\_\_ No \_\_\_\_\_

Is your son allergic to any types of medication?   Yes \_\_\_\_\_ No \_\_\_\_\_

Is your son allergic to bee stings?            Yes \_\_\_\_\_ No \_\_\_\_\_

Does your son use an inhaler?                Yes \_\_\_\_\_ No \_\_\_\_\_

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Player 2 Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Years Played \_\_\_\_\_

School \_\_\_\_\_ Grade Entering \_\_\_\_\_

Circle T-shirt size   YS   YM   YL   AS   AM   AL   XL

### **Medical History**

Is your son currently on medication?       Yes \_\_\_\_\_ No \_\_\_\_\_

Is your son allergic to any types of medication?   Yes \_\_\_\_\_ No \_\_\_\_\_

Is your son allergic to bee stings?            Yes \_\_\_\_\_ No \_\_\_\_\_

Does your son use an inhaler?                Yes \_\_\_\_\_ No \_\_\_\_\_

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Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell \_\_\_\_\_

