



# Baron Soccer Youth Camp

*Skills, Drills, Tactics, Games, and a Whole Lot of Fun*

Monday – Thursday, June 10th-13th, 2015

6 pm to 9 pm June 10<sup>th</sup> to 12<sup>th</sup>

9 am to 12 pm June 13<sup>th</sup>

Logan Park Fields 1-5

599 West Ferdinand Street Manheim, PA

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 2015. 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. Players should bring an age appropriate size ball with their name clearly marked on it and plenty of fluids.

Please complete **both sides** of the registration and waiver release form and return with the \$55 registration fee (checks made payable to MCBSBC) by **May 25th** to:

*Rod Brenize, 375 Fairview Road, Manheim, PA 17545*

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## Parental Consent, Certification, and Medical Authorization

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade (fall 2015) \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Parent or Guardian Email Address \_\_\_\_\_

Address \_\_\_\_\_

Parent Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

### **Medical History**

Is your son currently on medication or under a doctor's care? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is your son allergic to bee stings or any insect bites? Yes \_\_\_\_\_ No \_\_\_\_\_

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

(OVER)

Please explain any YES answers from the front of this document

Release and Indemnity Agreement:

We/I hereby release the Manheim Central Boys Soccer Booster Club and the Manheim Central School District and all its officers and employees from all claims due to injuries sustained by my son while participating in the MC Youth Soccer Camp. We/I agree to indemnify MCBSBC and the Manheim Central School District employees for any claims which may hereafter be presented by my son of any injuries.

In the event of illness or injury, We/I hereby give our/my consent for medical treatment and permission to secure proper treatment. We/I will be responsible for attendance at this camp.

We/I certify that my son is covered by medical insurance.

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

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

Date \_\_\_\_\_