

2022 Camp Overview

What:

RBSC Youth Soccer Camp for boys and girls entering grades K – 8. Get 4 days of quality instruction and fun while supporting the RHS boys soccer program. All revenue goes to the team!

When:

June 6 – June 9, 2022
10:30 AM - 12:30 PM

Where:

RHS Stadium
6699 E Livingston Ave
Reynoldsburg, OH

Who:

Varsity Boys Coach
Tony Labudovski
With select RHS players

Questions:

Email Raiders Boys Soccer Club
RBSC.Boosters@gmail.com



All Kids Grades K – 8 (Note: Participants must be entering K-8 in the upcoming school year)

PARTICIPANT NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: (FALL 2022) _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PARENT NAME(S): _____

DAY PHONE: _____ CELL: _____

PARENT EMAIL: _____

T-SHIRT SIZE: (Please Circle One) **YOUTH:** S M L **ADULT:** S M L

** Shirt **ONLY** for early registration campers **

Note: Camp Director reserves the right to cancel activities (or re-locate to indoors) in the event of dangerous or inclement weather. NO REFUNDS will be given for acts of nature.

CHECK ONE: **\$65.00 for early registration & FREE SHIRT (By 5/22/2022)**
 \$75.00 for late registration/walk up – NO SHIRT 😞

Please make check payable to: RBSC (Raider Boys Soccer Club) OR
Register online: Go to locallevelvents.com and search RBSC Youth Soccer Camp
\$20.00 Non-refundable Cancellation Fee

Waiver of Liability

The undersigned, on behalf of him/herself and on behalf of his/her child ("the registrant"), recognizing the possibility of physical injury associated with the following activity: SOCCER, and I as parent/guardian offer the registrant for participation in said activity, assumes and accepts full responsibility for any and all liability claims arising from this activity, and releases, discharges and/or otherwise indemnifies RHS YOUTH SOCCER CAMP, Raider Boys Soccer Club, Inc., the Reynoldsburg City Local School District and all its employees and volunteers from liability for any claim by or, on behalf of the registrant as a result of the registrant's participation in the activity.

Consent for Emergency Treatment

If reasonable attempts to contact me at _____ (phone) or _____ (phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (Preferred Dentist), or if the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) **or any hospital reasonably accessible.** Facts concerning the child's medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted: _____.

Signature of Parent/Guardian: _____ **Date:** _____

Cut and mail registration with payment to RBSC, P.O. Box 738, Reynoldsburg, OH 43068