RHS Youth Soccer Camp Camp Overview

What:

Raider summer soccer camp for boys and girls entering grades K-8. (Campers will be separated by age groups). You get 4 days of quality instruction and fun while supporting the RHS boys soccer team!

When:

June 10th - 13th 8:00 am - 10:00am

Where:

Baldwin Road Soccer Stadium 2300 Baldwin Place Reynoldsburg, OH 43068

What to Bring:

Water, comfortable shoes to run in, shin guards, a soccer ball (if you have one), and a great attitude

Who:

Varsity Boys Coach Tony Labudovski Along with select RHS players

Questions:

Send email to:

Reynoldsburg Raiders Boys Soccer reynoldsburgraiderssoccer@gmail.com



Boys/Girls Grades K-8 (note: participants must be entering K-8 in the upcoming school year)

AGE:GRADE:	(FALL 2019):
CITY:	ZIP:
CELL:	
	CITY:

T-SHIRT SIZE: (Please Circle One) YOUTH: S M L ADULT: S M L (Shirt size/color subject to availability for late registering 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:

43068 . . **-** .

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Reynoldsburg,

Box 738, F

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RBSC,

and mail application to

Crt

_____\$65.00 for early registration (Prior to May 10th, 2019) ** Note \$15.00 discount for each multiple sibling

___ \$75.00 for late registration/walk-up

Please make check payable to: RBSC (Raider Boys Soccer Club) \$20.00 Non-refundable Cancellation Fee

Waiver of Liability

The undersigned, on behalf of himself/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 'BURG YOUTH SOCCER CAMP, 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

In the event that reasonable atten	npts to contact me at	(phone) or	(other parent
phone) have been unsuccessful,	I hereby give my consent for (1)	the administration of any trea	atment deemed
necessary by Dr	(preferred Physician) o	r Dr(prefei	rred Dentist), or in the
event that the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the			
transfer of the child to		ospital) or any hospital reas	
Facts concerning the child's medical history including allergies, medication being taken, and any physical impairment			
to which a physician should be al	erted:		

Signature of Parent/Guardian:

Date: