

3RD ANNUAL CREEK SOCCER SUMMER CAMP (June 4-8,11-15, 18-22)



Spruce Creek High School, Monday-Friday, 9am-4pm
Boys and Girls, Ages 7-16
Technical, Physical and Tactical Training
Indoor and Outdoor Soccer

Email Coach Keith Costner for more information: krcostne@volusia.k12.fl.us

Week(s) Attending: _____ T-shirt size: S M L XL

PARTICIPANT INFORMATION Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Parent email: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's authorized to pick up child: _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Lunch: Please be sure that your child's lunch is clearly marked with your child's name and last name. Refrigerators will be available for your child to store his/her lunch. Pizza will be provided on Friday.
***PLEASE BRING SNEAKERS, WATER BOTTLE, TOWEL AND EXTRA SHIRT EVERY DAY. CLEATS AND SHIN GUARDS ARE REQUIRED.**

Payments: Tuition may be paid by cash or by check. Make the check payable to: **EDSON ABADIA.**

Camp Fees:

- Full day of camp \$150/week
- Half day of camp \$75/Week
- MULTIWEEK AND/OR SIBLING DISCOUNT (Full \$125, Half \$60)

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

CONSENT FORM

I hereby authorize the staff of the Creek Soccer Camp to act for me according to their best judgement in any emergency requiring medical attention. In case of injury to my child, I likewise waive the right, to the extent not covered by liability insurance, to any claim against persons working at this camp. The camper is covered by insurance. I hereby authorize the waiver and release for Spruce Creek High School, workers and volunteers at this camp, from any and all liability for any injuries or illnesses that may occur while at the camp on Spruce Creek high school property. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp.

Insurance Company _____

Policy Number _____

Parent/Guardian Signature _____

***The Creek Soccer Summer Camp is not affiliated with Volusia County Schools.**