



**TOWN OF RUSH GIRLS SOCCER CAMP 2019**

➤ Description: This camp will involve 15 hours of professional coaching by Doug Miller Soccer Staff and team building preparation for the upcoming school soccer season. Consultant Michael Seidel, RH Varsity Soccer Coach

➤ Bring: Size 5 soccer ball, shin guards and water.

**\*Each player will receive a camp T-shirt when registered by THURSDAY JULY 12<sup>TH</sup> \***

Grades 7-12<sup>th</sup> in September 2019

**Camp will be held at the Rush Henrietta High school fields**

Checks Payable to: Rush Town Clerk, 5977 East Henrietta Rd., Rush NY 14543

**This form must be completed for each participant.**

<b>When:</b>	<b>Time:</b>	<b>Cost:</b>
<b>Monday-Friday</b> July 29 <sup>th</sup> -August 2 <sup>nd</sup> 2019	<b>9AM-12PM</b>	<b>\$135.00 Rush resident</b> <b>(\$82.00 each additional family member)</b> <b>\$140.00 Non-Rush resident</b> <b>(\$85.00 each additional family member)</b>

Participant Information

Participant name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade entering 2018: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parents email address: \_\_\_\_\_ **Adult T-Shirt size:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parental/Guardian Information

Mother/Guardian Full Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Father/Guardian Full Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact (if different from parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of Designated Adults authorized to pick up participant

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this child have any conditions we should be aware of? Yes No

If yes, please list: \_\_\_\_\_

I, the [parent] [legal guardian] of the child named on the registration form, who is enrolling in the Rush soccer camp, give my approval to his/her participation in activities related to this program. I acknowledge that I fully understand any and all risks which are or may be associated with this program and the child's participation in such program and activities. I represent to the Town of Rush and the Rush Recreation Program that I know of no medical condition which could or should prevent the child from participating in said program.

I further, hereby release, indemnify and hold harmless the Town of Rush and the Rush Recreation Program's respective officers, employees, officials, boards, commissions, committees, and any members of the same and the instructors and counselors, conducting or taking part in the program. In the case of injury to my child, I hereby waive all claims against teach and all of the above-mentioned persons or entities. I likewise waive, to the extent not covered by liability insurance, any claim against any person, or entity, transporting my child to or from the activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (If participants are under 18)