**2019 Kirksville Summer Soccer Camp**

**Where: Spainhower Field**

**When: June 3-6, 2019**

**Who: Boys and Girls K-12**

**Grades: K-5 Time: 3:30-4:30pm**

***We will walk students over from summer if they are attending.***

**Grades: 6-12 Time: 4:45pm-6:30pm**

**Cost: $40 ($25 for additional siblings)**

***NO REFUNDS***

***Please make checks payable to:***

***Kirksville R-III School District, Memo: Soccer Camp***

**Please send registration information to Coach Shawn Meintz**

Early Registration **Due MAY 24th**

Walk-ups WELCOME

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Walk-ups WELCOME

**Drop off or Mail to:**

**Kirksville High School**

**Attention: Shawn Meintz**

**1300 South Cottage Grove Ave.**

**Kirksville, MO 63501**

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**Camp will be run by High School Coaches and former players**

**Soccer Skills**

**Mini Games**

**1v1 Games**

**Keep away Games**

**Full Sided Games**

**Soccer Tactics**

**Sign-up form**

***\*Identification and Medical Treatment Authorization\*\****

The undersigned parents and/or guardians of (campers name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the applicant, for and in further consideration of the Soccer Camp acceptation said applicant, does hereby release and discharge Kirksville R-III Schools and it's representatives, employees, and agents from any and all debts, claims, demands, actions, damages, caused of action, judgments, or suits of any kind which may arise or be occasioned as a result of any course of instruction or the applicants participation in the soccer camp. In addition, I/we being the parents and/or guardians of the applicant authorize the Kirksville R-III and it's agents permission to request emergency medical treatment or care as necessary to insure the well being of our dependent. Further, I claim the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Health Insurance Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*Camper Code of Conduct Contract\*\****

As a participant in the Kirksville Tiger Soccer Camp, I agree to comply with all of the rules, regulations, and directives of the coaching staff, and I will treat all of the coaching staff and other camp participants with respect, courtesy, and good will. I have read the above statement and understand that failure to comply with that statement may result in my removal from the camp without refund.

Participants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Childs Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next Year’s Grade\_\_\_\_\_\_\_\_\_ T-Shirt Size\_\_\_\_\_\_\_\_\_\_\_(To guarantee camp shirt, registration must be turned in by MAY 24.)**