

St. Matthews/Hope Lutheran Soccer Camp 2010
June 14 – 17, 2008 Rain Date June 18 – Ski Slide Soccer Park
5:00-8:00pm June 14, 5:30-8:00pm June 15-17 or 18th

“Guard My Teachings”
PROVERBS 7:2



PARTICIPANT APPLICATION FORM

Parent's Name _____
 Address _____ Zip Code _____
 Phone Number _____ Work or Cell Phone _____
 E-mail address _____
 Church Home _____

Information we should know about the health of any participating children with relevance to the activities we have planned _____

Who to contact in case of emergency _____ Phone _____

1st Child's Name _____ Grade _____ Yrs. Soccer Experience _____
 Shirt Size _____
 2nd Child's Name _____ Grade _____ Yrs. Soccer Experience _____
 Shirt Size _____
 3rd Child's Name _____ Grade _____ Yrs. Soccer Experience _____
 Shirt Size _____
 4th Child's Name _____ Grade _____ Yrs. Soccer Experience _____
 Shirt Size _____

<u>T-Shirt Sizes</u>
Youth XS, S, M, L
Adult S, M, L, XL, XXL

(Application for coaches and assistants on reverse of this form)

Kids must be in grade 4K – 7 in fall. They are responsible to bring their own soccer or tennis shoes, shin guards (mandatory!), and sunscreen (recommended!). We are providing Soccer Camp T-shirts, soccer balls for each child, and daily refreshments. To cover expenses, there is a fee: \$35 for the first child, \$20 for the second and third child. The fourth or higher child from the same family may attend at no additional cost. **A \$5 late fee will be accessed after 22 May 10.** **Scholarships are available.** Checks should be made out to “St. Matthews Ev Lutheran Church.” Space is limited to 90 campers: first come, first served.

_____ Total amount _____ Check enclosed

THE PARTICIPANT IS RESPONSIBLE FOR HIS OR HER OWN MEDICAL COVERAGE

NOTICE OF WARNING: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. The coaches have established rules for participation, and proper conduct on or about the playing field must be followed.
AGREEMENT: I have read and understand the policies and the risk involved. I hereby agree that my children will follow all rules for good order and safety during this camp. I agree and understand that neither St. Matthew's or Hope Lutheran Church, Wisconsin Lutheran College, Luther Prep or Lakeside Lutheran High School, nor any of the volunteers involved are liable for any injuries received while participating or playing in the activity for which I am registering herein, or for the loss or damage to equipment. I agree that I shall make no claim and bring no action, suit, or proceeding for any and all damages, losses, liabilities, or costs in any manner suffered or incurred as a result of my participating in the activity for which I am registering herein, and I hereby release and agree to indemnify and hold harmless the above listed entities, its officers, directors, and pastor, the City of Ixonia, and the Ixonia Park and Recreation Department from any and all damages,

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE. I UNDERSTAND AND AGREE WITH IT.

 SIGNATURE OF PARENT OR GUARDIAN

 DATE

PLEASE FILL OUT THIS APPLICATION AND SEND WITH CHECK TO:

ST. MATTHEW'S EV. LUTHERAN CHURCH
 818 WEST WISCONSIN AVENUE
 OCONOMOWOC, WI 53066
 262-567-2418 ext. 25

APPLICATION DEADLINE:
MAY 22, 2009
12:00 Noon

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COACH OR ASSISTANT APPLICATION FORM

Name _____ Age if under 18 _____

Address _____ Zip Code _____

Phone Number _____ Work or Cell Phone _____

E-mail address _____

Church Home _____

Information we should know about your health with relevance to the activities we have planned

Who to contact in case of emergency _____ Phone _____

What is your experience with soccer and coaching children of grades 4K- 7th _____

What days will you commit to be able to coach? Monday____, Tuesday____, Wednesday____, Thursday____,
Friday____ (if necessary due to rain on Monday through Thursday)

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