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PERRY H.S BOYS SOCCER

Date: June 10-12, 2019

Time: 9am-11am

Where: Perry Soccer Stadium

Boys Soccer

THE PERRY HIGH SCHOOL BOYS SOCCER PROGRAM AIMS TO PROVIDE BOYS IN 1ST-8TH GRADE AN OPPORTUNITY TO MAINTAIN SHARPNESS OVER THE SUMMER. EACH DAY WILL CONSIST OF A SKILL SESSION, FOLLOWED BY SMALL SIDED GAMES WITH COACH INSTRUCTION FOCUSING ON THE TOPIC OF THE DAY, IN A FUN AND FRIENDLY ENVIRONMENT TO ENHANCE PLAYER DEVELOPMENT.

Highlights

- High School coaching and playing staff will be leading sessions
- Age appropriate groups, in station format for skills.
- Continued touches in soccer offseason.
- High coach to player ratio to aid development.



If you have further questions please feel free to contact Coach Cochran—
ross.cochran@perrylocal.org

Cost: \$55 per camper (\$45 if you register on June 1, 2019 at Meredith Park; 9:00—12:30)
Checks made out to: Perry Boys Soccer

To register your son, fill out information and return attached sheet with payment

2019 Perry Boys Soccer Camp

This form will serve as registration for your son. Please fill out all the information, sign the waiver, and mail this form along with payment (cash or check) to:

Ryan Patton

1236 Spring Valley Ave NW

Canton

44708

Participant Name/Age _____

Parent(s)/Guardian(s) Name _____

Home Phone _____ Alt/Cell Phone _____

Emergency Contact Name & Phone _____

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all sports and field related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity at Perry High School and for any injuries which myself or my children/wards may sustain while on the premises of Perry High School. I insure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this clinic/camp.

I give permission for camp trainers and coaches or contracted health care to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

Participant's Signature (Parent/Guardian if under 18)

Date