

# 2017 Calallen Wildcat Soccer Camp

**Sessions For:** *Girls & Boys*

*Incoming 1<sup>st</sup> – incoming 9<sup>th</sup>*

**Session Dates:** *June 26<sup>th</sup> – 29<sup>th</sup>*

**Session Time:** *10:00 am - noon daily*

**Session Location:** *Indoor Facility*

*(next to Dome and pool)*

**Necessary Equipment:** *Soccer shoes, shin guards, soccer ball, water*

**Cost:** *\$50 pre-registration*

*\$60 day of camp (no shirt guarantee)*

No phone reservations will be accepted.

There is NO refunds or make-up days if you miss, or for bad weather.

Please keep the top portion of this sheet for you records.

Please return the bottom portion with a check to reserve your spot.

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_

2017 Grade: \_\_\_\_\_

Year's Played: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Medical Conditions, Allergies, Etc.: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

## Contact Information

Parent (s)/ Guardians Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_

Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emer. Contact #: \_\_\_\_\_

Make checks payable and mail forms to:

*Sarah Love or Andrew McGinnis*

*4001 Wildcat Dr.*

*Corpus Christi, TX 78410*

For more information contact: **Sarah Love via e-mail at [spipkin\\_love@calallen.org](mailto:spipkin_love@calallen.org)**

**Andrew McGinnis via e-mail at [amcginnis@calallen.org](mailto:amcginnis@calallen.org)**

I, as the parents or guardians of the above named child, hereby grant permission for them to participate in the soccer camp and acknowledge the fact that the child is physically able to participate in camp activities. I hereby release the camp, Sarah Love, her camp staff and Calallen ISD from all claims from injuries or illness which may be sustained by your child and authorize the director or the designee to select medical facilities and/or physician of their choice and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary while attending the 2016 Soccer camp. I also acknowledge that I am responsible for any and all expenses that may arise from any injury or illness that occurs during camp.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_