

IN CASE OF EMERGENCY

Telephone:

Father Home _____ Mother Home _____

Father Work _____ Mother Work _____

Father Cell _____ Mother Cell _____

If parent cannot be reached who may be call?

Name _____ Phone _____

Relationship _____

INSURANCE INFORMATION

Insurance Co. _____ Policy # _____

PLEASE COMPLETE AND CHECK ONE OF THE FOLLOWING:

I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical emergencies. I understand that an attempt will be made to reach me by phone. In the event that I cannot be reached, I give permission to such treatment as will be deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician or nurse).

I authorize limited care as follows: _____

I, _____ declare that I am the Father/Mother/Guardian of the above minor.

Signature _____ Date _____

28th Annual

**Strongsville
Soccer Camp**

July 22-25, 2019

**Strongsville Soccer Camp
Ehrnfelt Soccer Complex
15301 Foltz Industrial Parkway**



STRONGSVILLE SOCCER CAMP INFORMATION

Age: Grades K-5th **BOYS ONLY**

Cost: \$90.00 prior to July 5th
\$100.00 after July 5th

Date: July 22-25, 2019

Time: 9:00 am - 11:30 am Monday - Thursday

Location: Foltz Soccer Complex Field #2 & #4

- Camp Features:**
- Qualified Coaching Staff
 - Proven Soccer Training Methods
 - Camp T-Shirt
 - Contests and Prizes

Camp Director: Kris Giesken
SHS Boys Assistant Coach

Assistant Directors: Kyle Veris
SHS Boys Assistant Coach
USSF National "B" License

Tobey Cook
SHS Boys Varsity Head Coach
USSF "A" & National Youth License
OYSA-N. USYSA Region II ODP Staff Coach

Staff May Include: Staff may include current College Players and Alumni of SHS
Current High School Members of SHS

**PLEASE COMPLETE BOTH THE FRONT AND BACK
OF THIS FORM AND RETURN TO:**

Strongsville Soccer Camp
564 Beeler Drive • Berea, Ohio 44017
E-mail: kgiesken@scsmustangs.org

Player's Name _____ Age _____
Address _____ City _____ Zip _____
Phone _____ Email _____

**CONFIRMATION WILL BE SENT APPROXIMATELY
TWO WEEKS PRIOR TO CAMP**

MAKE CHECK PAYABLE TO: SSO

<i>For Office Use Only</i>	Date Received _____	Amt. _____	CK# _____
	Bank _____	Conf. Sent _____	

PARENTAL CONSENT/EMERGENCY MEDICAL FORM

In order to enable the us to provide prompt medical care for your child, we request that you read and sign this consent form. In this way we can ensure that there will be no delay in getting proper treatment for your child.

– PLEASE PRINT –

Parent or Guardian's Name _____

Name of Minor _____ Birthdate _____

Any allergic reactions _____

Present medication, if any _____

Date of last tetanus toxoid _____

Any past medical history that would be helpful if treatment is necessary _____

OVER →