



Sponsored by Wickliffe Recreation Department
2017 "LADY BLUE DEVIL"
SOCCER CAMP



For girls entering grade K-8 during the 2017-2018 school year.

WHEN: June 12 - June 15
WHERE: Wickliffe High School Soccer Fields
TIME: 11:00 a.m. – 1:00 p.m.
COST: \$40 Residents/\$50 Non-Resident
CAMP DIRECTOR: WHS Head Coach, Steven Gribovicz

PLAYER CONTRACT, PLEASE FILL OUT IN CHILD'S NAME.

NAME _____ BIRTHDATE _____ GRADE ENTERING '17-'18 _____
 ADDRESS _____ CITY/STATE/ZIP _____ AGE _____
 PHONE _____ ABLE TO RECEIVE TEXT (CIRCLE) YES OR NO
 EMAIL _____

CIRCLE SHIRT SIZE: SM-YOUTH M-YOUTH L-YOUTH SM-ADULT M-ADULT L-ADULT XL-ADULT

In case of injury, while participating in the "Lady Blue Devil" Soccer Camp, we the parents of the above name child, will not hold the coaches, instructors, school personnel, the Wickliffe School Board of Education or the City of Wickliffe responsible for any injury incurred at the above function.

SIGNED BY: _____
 (Parent or Legal Guardian Signature)

PLEASE PRINT PARENT'S NAMES:

MOTHER: _____ FATHER: _____

In the event reasonable attempts to contact me or my spouse have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Physician Dr. _____ Phone _____

Preferred Dentist Dr. _____ Phone _____

or if neither is available, by another licensed physician or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and physical impairments to which a physician should be alerted: _____

Signature of parent _____ Date _____

REFUSAL TO CONSENT: (DO NOT COMPLETE IF TO GRANT CONSENT ABOVE IS COMPLETED)

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the "Lady Blue Devil" Soccer Camp authorities to take no action.

Signature of parent _____ Date _____

Circle Fee Enclosed: \$40.00 Residents \$50 Non-Residents

Make checks payable to City of Wickliffe

Mail to:
 Wickliffe Recreation Dept.
 28730 Ridge Rd.
 Wickliffe, Ohio 44092