



2nd Annual SE Juniors Green and Gold Soccer Camp For Incoming 3rd, 4th, and 5th Graders



Kick it with Scott Killen and Julia Groth, Cleveland High School's varsity soccer coaches and an experienced squad of their fabulous soccer players

Dates: Monday August 9th – Thursday August 12th, 2010
Time: 10 AM to 12 PM
Location: Cleveland High School turf field (SE Powell & SE 31st Avenue)
Registration: \$55, payable to **CHS Men's Soccer, c/o Scott Killen**

Great Training! The camp will focus on individual skill training and positional instruction. There will be a mini World Cup tourney so campers have the opportunity to put their new found skills into practice. Each camper will receive an individual summary of their skills.

Great Coaches! Scott Killen and Julia Groth played varsity soccer at CHS so they must be good! Scott also played soccer at the College of Idaho and Julia played at UCSB before returning to coach at their alma mater. Assisted by their players, your child will receive tons of quality individual instruction.

Please contact Scott Killen with questions at killen.dscott@gmail.com or (503) 715-6946. More information is available at www.cleveland-soccer.net.

Please mail this document (Registration Form), SE Juniors Green and Gold Soccer Camp Emergency Contact / Waiver and Release Form, and check to **CHS Soccer c/o Kathleen Miller, 2734 SE 61st Ave, Portland OR 97206.**

Camper Information					
Name:					
Birth Date:	/	/	Age at Camp:		Gender: M / F
Street Address:					
City/State:				Zip Code:	
School Attending in Fall					
Parent/Guardian Information					
Name:					
Daytime Phone:		Evening Phone:			
Email Address:					

T-shirt size (circle one):

YM

YL

YXL

AS

AM

AL

AXL

I consent for my child to participate and be photographed in the Junior Warriors Soccer Camp.

Parent/Guardian signature

Date

Parent/Guardian Name (please print)

SE Juniors Green and Gold Soccer Camp Emergency Contact / Waiver and Release Form

Camper Information				
Name:				
Birth Date:	/	/	Age at Camp:	Gender: M / F
Street Address:				
City/State:				Zip Code:
Parent/Guardian Information				
Name:				
Daytime Phone:			Evening Phone:	
Email Address:				
Alternate Emergency Contact if Parent/Guardian Cannot Be Reached				
Name:				
Daytime Phone:			Evening Phone:	
Relationship to Camper:				
Medical Insurance Company Information				
Insured's Name:				
Insured's Employer:				
Insurance Company Name:				
Policy Number:			Group Number:	

I understand that there are risks involved with my child's participation at the SE Juniors Green and Gold Soccer Camp (SE J.G.G. Soccer Camp).

I hereby authorize the directors of the SE J.G.G. Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors of the SE J.G.G. Soccer Camp from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in this camp. Dismissal due to disciplinary action will result in no refund. I acknowledge and accept the conditions above with my signature below.

I certify that my child is in good health, and may participate in strenuous physical activities at the camp. I certify that there are no physical limitations to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and forever discharge SE J.G.G. Soccer Camp, and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by my child in connection with his/her participation in the Camp. I acknowledge and accept that this Release and Waiver is intended to be binding on the family, estate, heirs, executors, administrators and assigns of the minor named above. I further acknowledge and accept that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state of Oregon and agree that if any portion of this Release and Waiver is invalid, the remainder will continue to be in full force and effect. I agree that this Release and Waiver binds the minor and me to all of its terms.

I also waive and release the Portland Public Schools from any and all liability which may result or arise from either my child's athletics participation or any medical treatment my child may receive. I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Parent/Guardian signature

Date

Parent/Guardian Name (please print)