



Sponsored by Wickliffe Recreation Department
**2019 "LADY BLUE DEVIL"
SOCCER CAMP**



For girls entering grade K-8 during the 2019-2020 school

WHEN: June 3 - June 6
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 '19 - '20 _____
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