



**PLYMOUTH HIGH SCHOOL**

# **Girls Soccer Camp**

**Technical Work • Small Sided Games • Daily  
Focus • Camp T-Shirt • Awards**

**When: June 5<sup>th</sup>-8<sup>th</sup>**

**Time: 10:30am – 12:00pm**

**Age: Entering K-8<sup>th</sup> grade**

**Where: Kindt Soccer Fields**

**Cost: \$35 (\$25 per camper from same household)**

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## **REGISTRATION**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(Must be registered by May 20<sup>th</sup> to be guaranteed a t-shirt)

I give permission for \_\_\_\_\_ ("student") to participate in Girls Soccer Camp. I agree to release and hold harmless the Plymouth Community School Corporation, its employees and agents from any liability for damages or injuries suffered during the student's participation Girls Soccer Camp. I further authorize the Plymouth Community School Corporation, its employees and agents to seek, obtain and approve necessary medical treatment for the student while participating in Girls Soccer Camp. I agree that I am responsible for the cost of any medical treatment provided for the student.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_