



Celebrating our 15<sup>th</sup> year!



# High Power Soccer Camp

SPONSORED BY SOUTHSIDE COMMUNITY CHURCH  
REGISTRATION FORM – USE ONE PER CHILD

This summer soccer camp will be running from August 14<sup>th</sup> to 18<sup>th</sup> & 20<sup>th</sup>, 2017

**100 spots available; please register early!**

**For children entering JK to grade 6**

**EARLY BIRD SPECIAL: \$60.00 IF REGISTERED BY JUNE 16<sup>TH</sup>**

**REGULAR PRICE: \$70.00 REGISTRATION DEADLINE: JULY 31<sup>ST</sup>, 2017**

**FAMILY DISCOUNTS:** Families with 2 children: **\$130.00**, Families with 3 children: **\$195.00**

Please note that supervision begins at 8:55 AM at OUR LADY OF VICTORY SCHOOL. Children will not be supervised prior to this time. Children must be picked up from SOUTHSIDE COMMUNITY CHURCH at 12 PM sharp. All teams will be in the sanctuary.

Children will be assigned to teams on Monday. Each child will be provided with a camp T-shirt on Monday. Please ensure children wear their camp T-shirt every day of the week as it promotes team spirit. Children will also be provided with a water bottle filled with cold water and soccer ball every morning of the week. Team coaches will store children's water bottles and soccer balls throughout the week. At the end of the week, children may take them home. Please ensure each child's **BELONGINGS ARE CLEARLY LABELED.** Please be reminded that **HATS AND SUNSCREEN ARE A MUST** and should be applied before children are dropped off in the mornings.

**\*\*Please note that Soccer Camp will affirm a Christian foundation that will be reflected in various aspects of the program\*\***

CHILD'S INFORMATION:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER: Male/Female      DATE OF BIRTH: DD/MM/YYYY      GRADE AS OF SEPT 2017: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ HEALTH CARD NUMBER: \_\_\_\_\_

TYPES OF ALLERGIES: \_\_\_\_\_ (\* MUST PROVIDE PHOTO OF CHILD IF ALLERGY EXISTS\*)

Does the child have a religious affiliation? If so, please name the religious affiliation and place of worship: \_\_\_\_\_

PARENT/GAURDIAN INFORMATION:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

I permit my child to participate during the week of High Power Soccer Camp 2017 at Southside Community Church. I give church personnel the authority to act on my behalf in case of an emergency if I cannot be reached (parent will be notified). I permit church personnel to authorize treatment for my child if necessary. I understand and acknowledge that I am financially responsible for my child's medical treatments. I absolve Southside Community Church and its personnel from all claims and damages resulting from accidents or injuries my child may sustain during participation.

I **do not** give permission for my child's photograph to be taken for the purposes of promotional materials.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Cheque \_\_\_\_\_ Cash \_\_\_\_\_

**\*\*Payment and registration can be submitted into the locked drop box outside the office door at all hours\*\***