

BISHOP LUERS BOYS SOCCER 2009 SUMMER CAMP

High School Camp: Including incoming freshmen

Times: June 16th 3:00 pm-5:00 pm
June 17th 9:00 am-11:00 am
June 17th 3:00 pm- 5:00 pm
June 18th 9:00 am-11:00 am
June 18th 7:00 pm- 9:00 pm (Inter-squad Scrimmage)
June 19th 9:00am – 11:00am
Where: Fort Wayne Sports Club
Cost: \$45.00

Please detach bottom of this form and return to:

Bishop Luers Boy's Soccer Camp.

333 E. Paulding Road

Fort Wayne, IN. 46816

Make checks payable to Bishop Luers Boys Soccer.

For additional information contact: Coach Myers@ jmyers@weigandconstruction.com

Name: _____ Grade 2009: _____ Phone: _____

- Shirt Size: (Adult) S M L XL (Circle One)

I _____ am the parent or legal guardian of
_____ a minor who lives with me at _____
In _____ County, in the State of Indiana. I give my
permission for _____, Age _____ to participate
in the Bishop Luers Soccer Camp as described above. I realize that there are
certain inherent risks involved with all athletic camps and I agree not to hold
Bishop Luers High School or any coach or staff members responsible for
possible injury due to participation in or attributed to participation in said
camps. I give permission for Luers staff or coaches to seek any medical
attention necessary for my child in an emergency situation.

Parent Signature: _____ Date: _____