



SVS Coed Soccer Camp
August 2018
Open to the Public



What: St. Vitus School Summer Soccer Camp

Where: YMCA YZONE Field (428 Eleanor Drive New Castle, PA 16105)

Dates: August 7, 8, 9 (rain date August 10th)

Time: 9-11:30 a.m.

Who: Incoming K-8th graders **first come first served, participant numbers may be limited**

Camp focus: basic soccer skills such as dribbling, passing, and shooting as well as fundamentals of team play

Cost: \$60.00 Make checks payable to Saint Vitus School

- 1) **Mail payment and completed registration forms to:**
Terry Wills, SVS soccer camp coordinator
2573 Blossom Lane
New Castle, PA 16105

OR

- 2) Drop off payment and completed registration forms to **school office**

Cost Includes: SVS soccer shirt, healthy snack, and water bottle(s) each day

Payment and Registration Deadline: July 15, 2018

For Questions: contact Terry Wills; tw567@comcast.net

Players need to wear shin guards if they have them. Soccer cleats are optional.

Registration Form:

Student(s) Name(s): _____

Shirt Size: (circle one) Youth S Youth M Youth L Youth XL
 Adult S Adult M Adult L Adult XL Adult XXL

Student(s) Grade 2018-2019: _____

Note any Medical Conditions: _____

Parent's Name & Address: _____

Parent's Cell Phone Number: _____

Parent's Email Address: _____

Waiver Form:

By signing below, In Consideration of the agreement of St. Vitus Catholic Elementary School to allow my child to participate in said activity, AND INTEND TO BE LEGALLY BOUND HEREBY, I agree to indemnify and hold harmless St. Vitus Catholic Elementary School, Mr. Justin Venasco, School Principal, School Staff, School Assistants, the Roman Catholic Diocese of Pittsburgh, Bishop David. A Zubik, and his successors, and legal representatives against loss from any and all claims, demands and actions at any time brought by my child, or any acting on his/her behalf, for the purpose for enforcing a claim for damages because of any injury to my child as a result of or in any way related to his/her participation in the above mentioned activity. I/We hereby authorize treatment of my/our child, a minor, by licensed medical physician in case of any accident or illness that may arise, or any hospitalization necessary. I/We agree that in case of injury to my/our child, I/We will apply our hospitalization and/or accident insurance toward the payment of expenses incurred and will not look to St. Vitus Catholic Elementary School, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical cost.

If inclement weather occurs, SVS, as stated, will make an attempt to schedule a missed session if field availability permits. If more than 50% of the camp sessions are cancelled due to inclement weather, 50% of your registration will be refunded.

Do you allow your daughter/son to be photographed: website/social media

Yes No

Parent Signature: _____

Date: _____