

2010 COVENANT WARRIORS YOUTH SOCCER CAMP



WHEN:

JUNE 7-11

WHO FOR:

BOYS AND GIRLS ENTERING 5TH -8TH GRADE

WHERE: COVENANT CHRISTIAN HIGH SCHOOL

TIMES: 5:30 PM – 7:30PM

COST: 110.00

(EARLY REGISTRATION DISCOUNT BY MAY 10TH 100.00)

REGISTRATION DEADLINE: MAY 25TH .

PLAYERS SHOULD WEAR: SHORTS AND T-SHIRT, CLEATS AND SHINGUARDS, (COME DRESSED!)
BRING WATER, AND SNACKS, AND TENNIS SHOES IN CASE OF RAIN

CAMP FEATURES:

- **I NSTRUCTORS MAY INCLUDE: PRESENT AND FORMER COLLEGE PLAYERS, WARRIORS SOCCER ALUMNI, COACHES AND CURRENT PLAYERS**
- **EMPHASIS ON TECHNICAL FUNDAMENTALS**
- **TACTICAL INSTRUCTION**
- **SMALL SIDED GAMES AND EXERCISES**
- **SKILLS COMPETITIONS**
- **CAMP T-SHIRT, FOR EACH CAMPER**
- **FRIDAY CAMP TOURNAMENT OR SKILLS COMPETITION**

Important notice to parents

Please be sure to drop off and pick up your camper on time each day from the fields. (in the case of rain or inclement weather, pick up is at the school)

Scholarships available contact Coach Creighton

For more information contact:

John Creighton

317-390-0202 or email at:

johncreighton@covenantchristian.org

MEDICAL CONSENT FORM

Please complete the following questions on any child under the age of 18. A minor might not be treated without this form.

Name: _____ Age: _____ Sex: _____ Grade: _____

Address _____ Phone: _____

City: _____ State: _____ ZIP: _____

Emergency Information:

Parents/Guardians _____ Phone: _____ Bus: _____

Alternate Contact _____ Phone: _____ Bus: _____

Email _____

Youth Social Security # _____

If attempts to reach the above contacts are unsuccessful, please try to reach our pediatrician or physician:

Name: _____ Phone: _____

Health History: Allergies _____ Asthma _____ Insect Stings _____ Drug Allergies _____
Hay Fever _____ Other _____

Specific instruction on allergies or medication: _____

MAJOR PROBLEMS:

Diabetes _____ Cardiac _____ Chronic Asthma _____ Nervous Disorder _____ Epilepsy _____

Physical Handicap _____ Emotional Handicap _____ Mental Handicap _____ Seizure Disorder _____

Other _____

If you have checked any of the above, please give details:

Activity restrictions: _____

Date of last Tetanus Shot: _____

Insurance Info: Policy Holder: _____

Name of Insurance Company _____

Policy Number: _____

This health history is correct, so far as I know, and the person herein described has permission to engage in all Church activities except as noted. In event I cannot be reached in an emergency during any Church activity, I hereby give my permission to the physician or dentist selected by the church sponsors, to hospitalize, to secure proper treatment and/or to order an injection, anesthesia or surgery for my child as deemed necessary. I also authorize the Church sponsors to administer medical aid as required for illness or injury under a physicians orders.

SIGNATURE OF PARENT/GUARDIAN: _____

Date: _____

Tentative Schedule

Drop off players at the CCHS soccer fields located behind the high school. Take Maradonna drive off of 21st ST just West of the High School

5:30- 5:45 group warm - up

5:45-6:30-Tactical session, (Ball Skills)

6:35-7:30 functional play, small sided games, cools - down

Cut off and return the bottom portion of this application

Youth Camp Registration Form

Name _____ Age _____ School _____

Phone No. _____ Grade (Fall 2010) _____ Date application sent in: _____

Parent's/Guardian's Name & Home Address _____

I have completed the Medical Consent Form and agree to all the stipulations contained therein as a prerequisite for my/our son/daughter to participate in the soccer Camp

Parent's Signature

Phone Number to Call in an Emergency _____

Check Payable To: Covenant Christian High School
Send to: Covenant Christian High School
7525 W. 21st Street
Indianapolis, IN 46214

Shirt Size (Circle One)
Kids S M L XL
Adult S M L XL XXL

Attention: John Creighton Youth Soccer Camp