

# Unionville High School Girls Soccer Camp

Open to all UHS and Patton players

(rising 7<sup>th</sup> and 8<sup>th</sup> graders)

**July 25 – 27**

TUESDAY through THURSDAY

**4-7 pm**

Unionville High School  
STADIUM FIELD (turf)

**Cost \$150**

**Discount Price \$125**

**BEFORE May 19**

Camp Trainers:  
High School and local  
**COLLEGE** Coaches



CEDAR CREST  
COLLEGE



Hartford CC  
Cecil CC  
Cabrini University  
Philadelphia University

The UHS Women's Soccer Booster club is hosting the camp to help promote a unified Unionville women's soccer program and fundraiser. The camp will encompass conditioning, technical skill building and team building events.



**FREE**

T-SHIRTS FOR ALL CAMPERS



Please return this form to  
Kris Jaenisch, 1004 Mather Lane, West Chester, PA 19382  
Make checks payable to USC Women's Soccer  
Due no later than June 12, 2017 with payment.

### REGISTRATION

Player Name: \_\_\_\_\_ Grade in 16-17: \_\_\_\_\_

Position: \_\_\_\_\_ T-Shirt Size (circle one): YM YL AS AM AL

Address: \_\_\_\_\_

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

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### RELEASE / WAIVER

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to participate in the UHS Girl's Soccer Camp. I certify that she is physically fit and capable of participation in strenuous physical activity. I understand that UHS Girl's Soccer Camp, its director and its staff are not responsible for any accident or injury to my daughter from or in connection with the camp and any of its activities.

Parent/guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

"In the event that medical attention/treatment is required for \_\_\_\_\_ (daughter), I authorize UHS Girl's Soccer Camp, its directors and its staff to give consent to such medical attention/treatment when efforts to contact me are unsuccessful. I understand that every reasonable attempt will be made to contact me."

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

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact (other than parent listed above) \_\_\_\_\_ Relation to player: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any allergies special instructions to follow in case of injury or medical conditions staff should know:

\_\_\_\_\_  
\_\_\_\_\_