

IN CASE OF EMERGENCY

Telephone:

Father Home _____ Mother Home _____

Father Work _____ Mother Work _____

Father Pager/Cell _____ Mother Pager/Cell _____

If parent cannot be reached who may be call?

Name _____ Phone _____

Relationship _____

INSURANCE INFORMATION

Insurance Co. _____ Policy # _____

PLEASE COMPLETE AND CHECK ONE OF THE FOLLOWING:

I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical emergencies. I understand that an attempt will be made to reach me by phone. In the event that I cannot be reached, I give permission to such treatment as will be deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician or nurse).

I authorize limited care as follows: _____

I, _____ declare that I am the Father/Mother/Guardian of the above minor.

Signature _____ Date _____

25th Annual

Mustang Soccer Camp



July 25-28, 2016



**Mustang Soccer Camp
Strongsville High School
20025 Lunn Road
Strongsville, OH 44149**



**STRONGSVILLE MUSTANGS 1997 BOYS DIVISION I
OHIO HIGH SCHOOL STATE CHAMPIONS
1991, 2006 & 2009 STATE SEMI-FINALIST**

MUSTANG SOCCER CAMP INFORMATION

Age: under 5 thru under 14 **BOYS ONLY**

Cost: \$90.00 prior to July 8th
\$100.00 after July 8th

Date: July 25-28, 2016

Time: 9:00 am - 11:30 am Monday - Thursday

Location: Foltz Soccer Complex Field #2 & #4

- Camp Features:**
- Qualified Coaching Staff
 - Proven Soccer Training Methods
 - Camp T-Shirt
 - Contests and Prizes

Camp Director: Tobey Cook
SHS Boys Varsity Head Coach
USSF "A" & National Youth License
OYSA-N. USYSA Region II ODP Staff Coach

Assistant Directors: Les Szabo
SHS Boys Assistant Coach
USSF National "B" License

Dan Collins
SHS Boys Assistant Coach
NSCAA 4 Diploma
USSF D License

Kris Giesken
SHS Boys Assistant Coach

Staff May Include: Staff may include current College Players
and Alumni of SHS
Current High School Members of SHS

**PLEASE COMPLETE BOTH THE FRONT AND BACK
OF THIS FORM AND RETURN TO:**

Mustang Soccer Camps

1793 Meadowland Drive • Brunswick, OH 44212

E-mail: dancollins@scsmustangs.org

Player's Name _____ Age _____

Address _____ City _____ Zip _____

Phone _____ Email _____

**CONFIRMATION WILL BE SENT APPROXIMATELY
TWO WEEKS PRIOR TO CAMP**

MAKE CHECK PAYABLE TO: SSO

<i>For Office Use Only</i>	Date Received _____ Amt. _____ CK# _____
	Bank _____ Conf. Sent _____

PARENTAL CONSENT/EMERGENCY MEDICAL FORM

In order to enable the us to provide prompt medical care for your child, we request that you read and sign this consent form. In this way we can ensure that there will be no delay in getting proper treatment for your child.

– PLEASE PRINT –

Parent or Guardian's Name _____

Name of Minor _____ Birthdate _____

Any allergic reactions _____

Present medication, if any _____

Date of last tetanus toxoid _____

Any past medical history that would be helpful if treatment is necessary _____

OVER →