

OTHS

2010 OTHS BOYS SOCCER CLINICS APPLICATION

June 1st – 4th

Tuesday – Friday (Monday is Memorial Day)

High School Camp for 9-12 grades

Cost - \$50.00

Time – 8:30 – 10:30 am

All proceeds from the camp will go towards the high school program for practice and game equipment, as well as, the coaching staff.

Mail application and check to: (Make checks payable to OTHS soccer)

Jason Turkington
600 S. Smiley
O'Fallon, IL 62269

Name _____ Age _____ Grade (entering) _____

Address _____ Phone _____

Parent or Guardian name _____

I hereby grant permission for my son/daughter to participate in the camp and acknowledge that he/she is physically able to participate in all camp activities, and I waive and release the school and all camp personnel from any and all liability for any injuries or illness incurred while at camp. The O'Fallon Township High School soccer camp will not be held responsible for medical fees over and above those covered by our camp insurance policy.

Parent/Guardian Signature

Date