



2010 Viking Soccer Camp

REGISTRATION ON FLIP SIDE OF THIS FLYER

The 2010 Viking Soccer Camp is set for June 14 –18! The camp provides the opportunity to learn the great game of soccer in a challenging environment where campers have a lot of fun! Each day the campers will receive extensive soccer training and will spend time learning about what it means to be a Christian athlete. Camp is open to any male or female players, ages 5 – 12 and the cost is \$80.00 / participant. Additional family members save \$15.00 off additional registration fees. Camp will be held each day from 9:30 - 12:00 at the FPD game field and each player will receive a soccer ball and camp t-shirt. Joshua Trieste, the boys and girls head varsity coach and program director at FPD, will be directing the 2010 camp. There are camp brochures available in the school offices and on-line under the “Downloads” section on the community homepage that contain further information. The camp is open to anyone who is interested in participating! Thank you for your support of the Viking Soccer Camp and we look forward to seeing everyone on the field.

Further questions, please email jtrieste@fpdmacon.org.

Joshua Trieste – FPD Soccer

2010 Viking Soccer Camp Supporters





2010
VIKING SOCCER CAMP
REGISTRATION

Player's Name _____ Gender _____

Address _____

City _____ Zip _____

Phone Number _____

EMAIL ADDRESS _____

Age ____ Grade ____ T-shirt size (YS-YL, AS-AL) _____

Personal Insurance Carrier _____

Policy Number _____

PLEASE PROVIDE A VALID EMAIL ADDRESS AS THAT WILL BE USED FOR **ALL** CAMP CORRESPONDANCE

Liability Waiver:

By signing this form, I, _____ release First Presbyterian Day School, camp staff, camp directors, and anyone else that is associated with the 2010 Viking Soccer camp from any and all liability. I understand that soccer is a physical game where possibility for minor and major injuries and even death can occur. I acknowledge that the camp staff will do all they can to provide a safe and risk free environment but the possibility is always there for physical harm. As this camper's parent/guardian, I agree that I am responsible for any costs of medical treatment for injuries sustained during the camp. Also, by signing this form I give the 2010 camp directors and any medical staff the permission to treat any injuries as they see fit and to refer any injury that cannot be handled by the camp staff to medical personnel. This waiver also gives medical staff permission to treat my child provided in the event that medical attention is deemed necessary.

Parental Signature with emergency phone number:

Please return completed registration and full payment by **June 7** to:

Viking Soccer Camp
Attention: Coach Joshua Trieste
PO Box 26063
Macon, GA 31221-6063

Please make checks payable to "FPD."
Coach Joshua Trieste-jtrieste@fpdmacon.org