



2019 Liberty Summer Soccer Camps



Student Athlete Name: _____

Circle one: Male or Female

Grade Level entering Fall 2019 _____

Family Email: _____

Circle Shirt Size: Youth S M L XL

Adult S M L XL

Please select one:

- High School Soccer Camp - June 3rd - June 6th (4 Days) 7 - 9 AM

This camp is for students attending LHS in fall 2018

If attending HS Camp, read below... are you registered

and cleared on the Register My Athlete Website online? Yes or No

- Cubs Soccer Camp - June 3rd - June 6th (4 Days) 9:30 - 11 AM

This camp is for students going in to 4th - 8th in fall 2018

If attending Cub Camp, did you fill out the back of this paper? Yes or No

Location: Liberty HS Stadium and athletic Fields

The camps will be held at the Liberty High School fields on the south end of the student parking lot. Check in will be at the East side of the stadium.

Times: High School Camp 7 - 9 AM Cub Camp 9:30 - 11 AM

Our camp will start promptly at 7:00 AM. We will have a talk and introduction every morning in the East bleachers before we warm up and stretch. Get there 10-15 minutes early to get cleats on and check in.

Cost: \$75 (campers will receive a Camp T-Shirt with registration).

Checks to be made out to Liberty High School memo: soccer camp

Registration:

Cub Camp - To be registered for Cub Camp, you have to fill out this paper (front and back) and turn it in with payment to Coach Tyler Hussey or Kyle Pooler. You can put our name on an envelope and drop it off at the LHS office. This form can be turned in at any time. You can walk up and register on the first day, we ask that you get there 30 minutes early if you are registering on day 1 of camp.

High School Camp - To be able to participate in any High School camps or activities of any kind, you must be cleared on www.registermyathlete.com! Any returning player should be familiar with their system. Go to this website and create an account for the student athlete. Then you must either download the AIA physical forms from this website, or from Liberty's website under Athletic Clearance. Please use these forms for your physical. Every incoming High School student athlete must get a physical. Incoming Freshmen will also have to do the Brainbook course. The website will guide you through. You have to be "cleared" on Register My Athlete before you participate in a camp this summer. Once cleared, you are good for the entire 2019-2020 School year. **DO NOT WAIT UNTIL THE LAST MINUTE, DO IT NOW**

Contacts:

Tyler Hussey
Kyle Pooler

Head Boys Coach
Head Girls Coach

thussey@pusd11.net
kpooler@pusd11.net

2019-20 LIBERTY HIGH SCHOOL YOUTH SPORT CAMP

STUDENT PARTICIPANT INSURANCE AND PARENT CONSENT FORM

STUDENT NAME _____ DATE OF BIRTH _____ GRADE _____ AGE _____

HOME ADDRESS _____ CITY _____ ZIP CODE _____

PARENT /GUARDIAN NAME(S) _____ HOME PHONE _____ WORK _____

EMERGENCY CONTACTS

If Parent/Guardian cannot be contacted in an emergency, please contact:

NAME _____ HOME PHONE _____ WORK _____

PHYSICIAN _____ PHYSICIAN PHONE _____

INSURANCE

I clearly understand that it is the school district's policy that all students participating in extracurricular athletic activities must have insurance and that the school cannot pay any medical costs resulting from injury to a student.

I HAVE PURCHASED SCHOOL INSURANCE: () YES () NO I HAVE MY OWN INSURANCE: () YES () NO

INSURANCE COMPANY _____ PHONE: _____ POLICY# _____

STUDENT HEALTH PROBLEMS

CIRCLE IF APPROPRIATE: ASTHMA DIABETES EPILEPSY BEE STING ALLERGIES HEART PROBLEMS

OTHER HEALTH PROBLEMS (SPECIFY): _____

MEDICATIONS CURRENTLY ON: _____

ALLERGIC TO ANY MEDICATIONS, PLEASE NAME: _____

PARENTAL CONSENT

I hereby release, discharge and/or otherwise indemnify PUSD and (Camp/Program Name) _____, its affiliated organizations, sponsors, officials, officers, employees, representatives, agents, servants, or volunteers, and associated personnel, including the owners of fields and facilities utilized by the Activity from and against any claims, damages, or liability of any kind or nature for injury, death, or damage to personal property arising out of or in connection with my child's/ward's participation in this Activity; from whatever cause, including but not limited to the active or passive negligence of the PUSD and (Camp/Program Name) _____, its officials, officers, employees, representatives, agents, servants, volunteers, or other Activity participants, against any claim by or on behalf of the my child/ward as a result of the my child's/ward's participation in the Activity. This includes transportation to or from the Activity and social events associated with the Activity whether or not they are the result of negligence or any other cause.

I, the undersigned parent/guardian of the above-named student do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aide, treatment, or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while involved in the camp activities.

I/we give our permission for _____ to participate in the camp, realizing that the activities involve the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I/we acknowledge that I/we have read and understand this warning.

Parent/Guardian Signature _____ Date _____