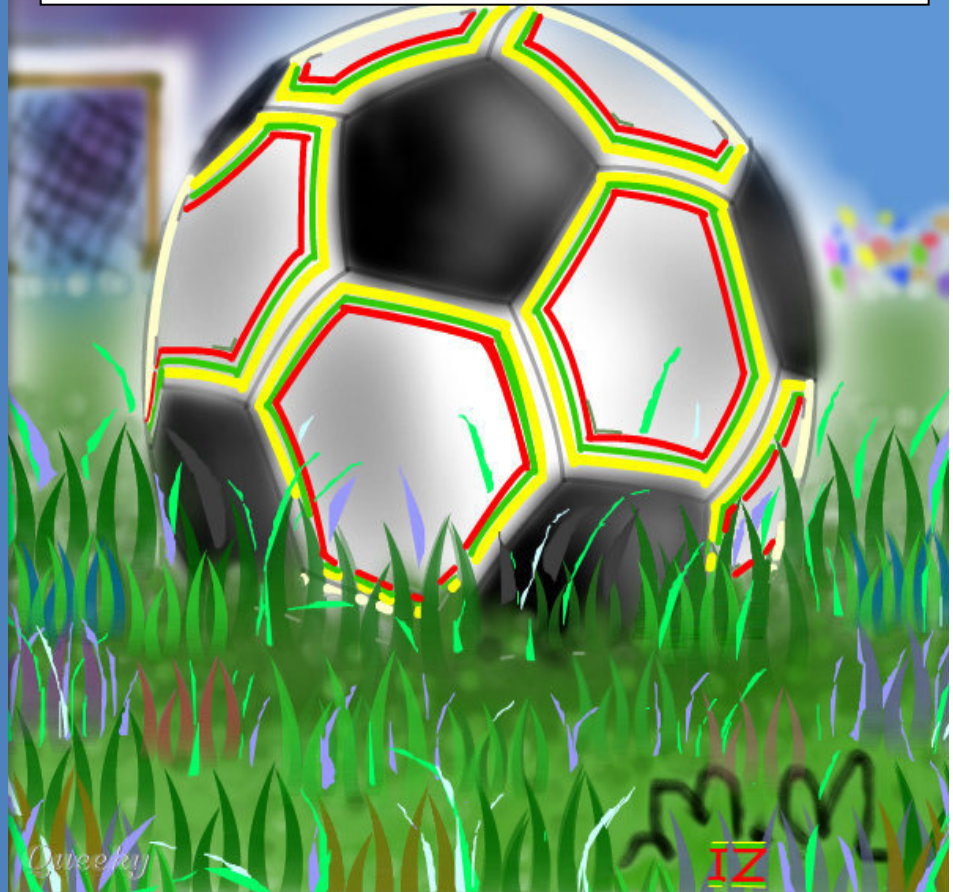


# Garden Spot Girls Soccer Camp



Monday June 8<sup>th</sup> -  
Thursday June 11<sup>th</sup>

6pm-8pm

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Location: Garden  
Spot High School 2<sup>nd</sup>  
Tower Rd Field

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Cost- \$35.00

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Girls Entering  
Grades K-8

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Camp Instructors:  
GS High School &  
Middle School Staff-  
Former & Current  
GS players

Athlete

Name \_\_\_\_\_

Entering grade (circle one) K 1 2 3 4 5 6 7 8

Parent/Guardian Names:

\_\_\_\_\_

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

Emergency contact : \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

\*\*\*\*Circle shirt size: ys ym yl yxl as am al

**Please enclose payment and registration with checks  
payable to (GSGSBC)**

Submit registration and payment by May 29<sup>th</sup> to:

Kim King

961 Gault Rd New Holland, PA 17557

Please email questions to [gsgirlssoccer@gmail.com](mailto:gsgirlssoccer@gmail.com)

**Informed Consent**

I realize that soccer is a physical activity that involves aerobic and anaerobic activity. I know that my child must be and act responsible for themselves and their co-participants. I understand that participation in soccer has certain inherent risks and that regardless of precautions taken by Garden Spot Girls Soccer or their participants, some injuries may occur. These injuries may include but are not limited to: concussions, cramping, abrasions, sprains, strains, dislocations, fractures, head injuries, neck injuries, quadriplegia, blindness and death. These injuries may result from various hazards, such as neglecting to warm up, stretch or cool down, being hit by a ball, running into walls or bleachers in an attempt to play the ball, or colliding with another participant during game play. The likelihood of these injuries is lessened by adhering to safety rules set forth by the coaching staff. In order to properly protect my own child's safety and that of her fellow participants, I agree to instruct my child to immediately report any noted deviations from the safety rules as well as any observed hazardous conditions or equipment to her coach. I further certify that my child's present level of physical condition is consistent with the demands of active participation in soccer. The following is a complete list of all my child's known health conditions that may affect her ability to participate.

**I have carefully read the Informed Consent. I am confident that I fully know, understand**