

# *Bulldog Soccer Camp*

July 27-31, 2015 8:00-10:30 AM



This camp will be held **July 27<sup>th</sup>-31<sup>st</sup>, 2015** from **8-10:30 AM** at the **CHS Soccer Fields**. The cost will be **\$150.00** per person. This camp is open to all **girls and boys entering Grades 8-12** for the 2015-16 school year who want to improve aspects of their game in preparation for the high school and club season. Cedarburg Boys Varsity Coach Patrick Sorensen and Cedarburg Girls Varsity Coach Trent Berg and their staff will offer technical and tactical training for the high school age player. A Cedarburg High School Soccer t-shirt or other apparel is included in registration.

**REGISTER ONLY BY MAIL:** Please send check Payable to: **Kick it up A Notch Soccer** and Registration Form to:

**Bulldog Soccer Camp, c/o Sorensen and Berg, P.O. Box 423 Cedarburg, Wisconsin 53012**

*Please bring a ball and water to each practice. Soccer cleats and athletic attire are required.*

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## **REGISTRATION FORM**

Camper's Name: \_\_\_\_\_ Grade Fall 2015: \_\_\_\_\_ T-Shirt Size: (Adult) S M L XL  
Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Bulldog Soccer Camp Incoming Grades 8-12 July 27-31, 2015 (8:00 – 10:30 AM) FEE: \$150.00

**Make checks payable to: Kick it Up a Notch Soccer, Send with completed registration form to:**

**Bulldog Soccer Camp, c/o Sorensen and Berg, P.O. Box 423 Cedarburg, Wisconsin 53012**

**PARENTAL AUTHORIZATION FORM:** My son/daughter has an opportunity to participate in the Bulldog Soccer Camp at Cedarburg High School on July 27-31, 2015 from 8:00 to 10:30 AM. This form must be filled out completely and returned with the registration form and fee prior to participation in the event. No student will be allowed to participate without a completed authorization form.

**Statement of Consent:** I give (student listed below) consent to participate in the Bulldog Soccer Camp. I hereby waive, release and forever discharge directors, coaches, & support staff from any liability of claims arising out of any loss, personal injury, or property damage that may occur during participation in this camps. In case of emergency, I grant permission for my son or daughter to be given emergency medical treatment. Furthermore, I understand that if my child does not adhere to established standards of conduct, he/she will be asked to sit out for the session, with continued misbehavior being just cause for termination of camp participation.

STUDENT/CAMPER NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_