

# Princeton Youth Soccer Development Camp

Come develop your soccer skills with the current PHS boys and girls soccer players and coaching staff!

**When:** June 21st-23rd from 6-8pm

**Who:** Boys and Girls -- Grades K-8th

**Where:** PHS Stadium (Turf)

**Cost:** Camp Fee: \$40 -- Includes a t-shirt

**Registration Ends:** June 4th -- No walk-ups available

Questions? Email Coach Sydney Lapham ([slapham@vikingmail.org](mailto:slapham@vikingmail.org)) or Coach Diego Quispe ([diego.g.quispe@gmail.com](mailto:diego.g.quispe@gmail.com))

## Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

## Parent/Guardian - Contact Information

### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Emergency Contact Information – Alternate Pickup/Release

### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

## Medical Release Information

### Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedics be called?</u>
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

### Payment Method:    **Cash**    **Check**

(circle one - checks made to Princeton Soccer Boosters) Camp Fee: \$40

**Please drop payment off in the drop box on the outside of the Athletic Department Entrance - Door 32**

**Or mail to: Princeton Athletic Department**

**100 Vikings Way**

**Cincinnati, Ohio**

**Attn: Soccer Boosters/Kelly Meyer**

Printed Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Princeton City School District has approved the distribution of this flyer as a community service. No endorsement of the products or services, however, is stated or implied.