



April Vacation Soccer Camp, April 12 – 16, 2010

Sponsored by the East Hampton Parks and Recreation Department and Ray Reid Soccer School

For: Boys and Girls grades 1 thru 8

Meets: April 12 – 16, 2010

Mon– Fri 9:00AM - 12:00PM East Hampton High School Athletic Complex

Cost: \$150

Contact Information: Parks and Recreation: 267-6020

Our Camp Philosophy is to teach individual and team skills at a level equal to or above child’s ability in a positive and fun environment. Sportsmanship, fair play, team work and competition will be emphasized. Each camper will receive a special t-shirt and April Vacation certificate upon completion of the program.

Staff:

Kevin Bacher - Assistant Coach University of Connecticut

Dane Brenner – Ray Reid Soccer School Camp Director

Kevin May – University of Connecticut Director of Soccer Operations

Daily Schedule

9:00 - 12:00 Warm-ups, individual and team skill work and contests, small-sided games, full field games
All campers should bring a snack and sneakers in case rain forces us into the gym. Parents, you must meet your child at the field at the end of the session each day.

Participants should bring their own soccer balls and a water bottle.

Return the bottom portion of this form to the East Hampton Parks and Recreation Department, 20 East High Street, East Hampton, CT 06424 with your Payment made payable to Parks and Recreation*.

April Vacation Camp – April 12 – 16, 2010

Grade: _____

Name: _____ Phone: _____

Complete Address: _____

Allergies/Medical Conditions/ Medicines: _____

Alternate Contact Name and Phone: _____

Release

I understand that participation in this (these) program(s) involves risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Town of East Hampton, Connecticut, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability on account of injury, loss claim, or damage to my body, health, well-being or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release is applicable to any and all of my dependents who take part in this (these) program(s). (Release applicable to phone registrations as well.)

Signature Parent/Guardian: _____ **Date:** _____

*To pay by credit card please provide the information needed below:

Credit Card: MasterCard or Visa#: _____ Exp. Date: _____ Amount: _____