

St. Matthews/Hope Lutheran Soccer Camp 2007
June 10 – 13, 2007 Rain Date June 14 – Ski Slide Soccer Park
5:00-8:00pm June 10, 5:30-8:00pm June 11-13

“Go for the Goal”
PARTICIPANT APPLICATION FORM



Parent's Name _____

Address _____ Zip Code _____

Phone Number _____ Work or Cell Phone _____

E-mail address _____

Church Home _____

Anything we should know about the health of any participating children with relevance to the activities we have planned _____

Who to contact in case of emergency _____ Phone _____

1st Child's Name _____ Age _____ Yrs. Soccer Experience _____
Shirt Size _____

2nd Child's Name _____ Age _____ Yrs. Soccer Experience _____
Shirt Size _____

3rd Child's Name _____ Age _____ Yrs. Soccer Experience _____
Shirt Size _____

4th Child's Name _____ Age _____ Yrs. Soccer Experience _____
Shirt Size _____

<p align="center"><u>T-Shirt Sizes</u></p> <p align="center">Youth XS, S, M, L</p> <p align="center">Adult S, M, L, XL, XXL</p>
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Kids must be age 4-12. They are responsible to bring their own soccer shoes, shin guards (mandatory!), and sunscreen (recommended!). We are providing Soccer Camp T-shirts, soccer balls for each child, and daily refreshments. To cover expenses, there is a fee: \$ 40 per child. A 50% discount will be applied for the second and third child in the same family. Four or more children from the same family may attend at no additional cost. Scholarships are available. Checks should be made out to "St. Matthews Ev Lutheran Church." Space is limited: first come, first served.

_____ Total amount _____ Check enclosed

THE PARTICIPANT IS RESPONSIBLE FOR HIS OR HER OWN MEDICAL COVERAGE

NOTICE OF WARNING: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. The coaches have established rules for participation, and proper conduct on or about the playing field must be followed.

AGREEMENT: I have read and understand the policies and the risk involved. I hereby agree that my children will follow all rules for good order and safety during this camp. I agree and understand that neither St. Matthew's or Hope Lutheran Church, Wisconsin Lutheran College, Luther Prep or Lakeside Lutheran High School, nor any of the volunteers involved are liable for any injuries received while participating or playing in the activity for which I am registering herein, or for the loss or damage to equipment. I agree that I shall make no claim and bring no action, suit, or proceeding for any and all damages, losses, liabilities, or costs in any manner suffered or incurred as a result of my participating in the activity for which I am registering herein, and I hereby release and agree to indemnify and hold harmless the above listed entities, its officers, directors, and pastor, the City of Ixonia, and the Ixonia Park and Recreation Department from any and all damages,

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE. I UNDERSTAND AND AGREE WITH IT.

 SIGNATURE OF PARENT OR GUARDIAN

 DATE

PLEASE FILL OUT THIS APPLICATION AND SEND WITH CHECK TO:

ST. MATTHEW'S EV. LUTHERAN CHURCH
 818 WEST WISCONSIN AVENUE
 OCONOMOWOC, WI 53066
 262-567-2418 ext. 25

<p>APPLICATION DEADLINE: MAY 14, 2007 12:00 Noon</p>
