

St. Matthews/Hope Lutheran Soccer Camp 2008
June 16 – 19, 2007 Rain Date June 20 – Ski Slide Soccer Park
5:00-8:00pm June 16, 5:30-8:00pm June 17-19
“Run in Such a Way as to Get the Prize
1Corinthians 9:24”



COACH OR ASSISTANT APPLICATION FORM

Name _____ Age if under 18 _____

Address _____ Zip Code _____

Phone Number _____ Work or Cell Phone _____

E-mail address _____

Church Home _____

Information we should know about your health with relevance to the activities we have planned

Who to contact in case of emergency _____ Phone _____

What is your experience with soccer and coaching children of grades 4K- 7th _____

What days will you commit to be able to coach? Monday____, Tuesday____, Wednesday____, Thursday____,
Friday____ (if necessary due to rain on Monday through Thursday)

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 (PARENT OR GUARDIAN IF UNDER 18)

DATE

PLEASE FILL OUT THIS APPLICATION AND SEND TO:

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

APPLICATION DEADLINE:
APRIL 15, 2008
12:00 Noon