

**IN CASE OF EMERGENCY**

Telephone: \_\_\_\_\_

Father Home \_\_\_\_\_ Mother Home \_\_\_\_\_

Father Work \_\_\_\_\_ Mother Work \_\_\_\_\_

Father Pager/Cell \_\_\_\_\_ Mother Pager/Cell \_\_\_\_\_

If parent cannot be reached who may be call?  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**PLEASE COMPLETE AND CHECK ONE OF THE FOLLOWING:**

I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical emergencies. I understand that an attempt will be made to reach me by phone. In the event that I cannot be reached, I give permission to such treatment as will be deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician or nurse).

I authorize limited care as follows: \_\_\_\_\_

I, \_\_\_\_\_ declare that I am the Father/Mother/Guardian of the above minor.

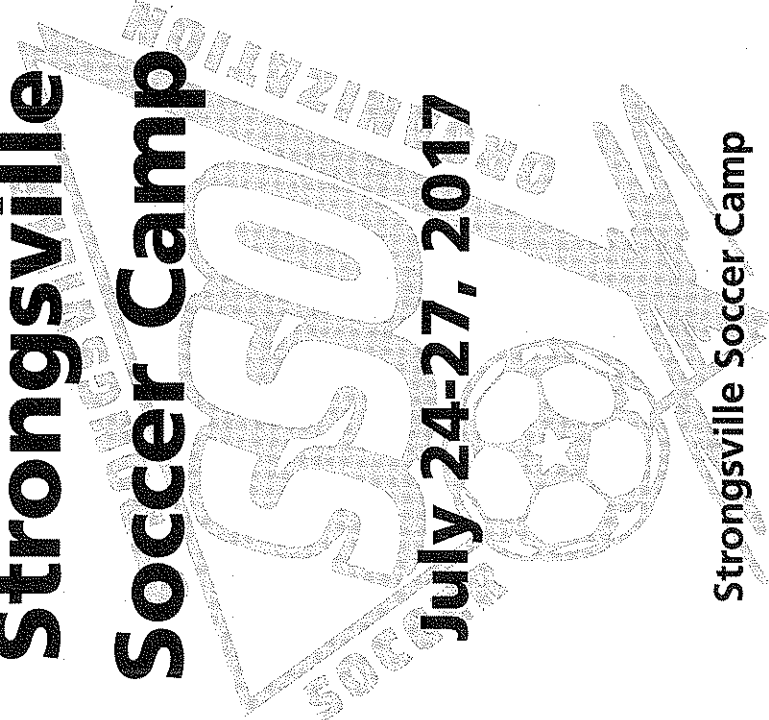
Signature \_\_\_\_\_ Date \_\_\_\_\_

**26th Annual**

**Strongsville  
Soccer Camp**

**July 24-27, 2017**

**Strongsville Soccer Camp  
Ehrnfelt Soccer Complex  
15301 Foltz Industrial Parkway**



# STRONGSVILLE SOCCER CAMP INFORMATION

Age: Grades K-5th **BOYS ONLY**

Cost: \$90.00 prior to July 8th  
\$100.00 after July 8th

Date: July 24-27, 2017

Time: 9:00 am - 11:30 am Monday - Thursday

Location: Foltz Soccer Complex Field #2 & #4

- Camp Features:
- Qualified Coaching Staff
  - Proven Soccer Training Methods
  - Camp T-Shirt
  - Contests and Prizes

Camp Director: Kris Giesken  
SHS Boys Assistant Coach  
USSF D License

Assistant Directors: Les Szabo  
SHS Boys Assistant Coach  
USSF National "B" License

Tobey Cook  
SHS Boys Varsity Head Coach  
USSF "A" & National Youth License  
OYSA-N. USYSA Region II ODP Staff Coach

Staff May Include: Staff may include current College Players  
and Alumni of SHS  
Current High School Members of SHS

**PLEASE COMPLETE BOTH THE FRONT AND BACK  
OF THIS FORM AND RETURN TO:**

Strongsville Soccer Camp  
20403 Arlington Drive • Strongsville, Ohio 44149  
E-mail: krgiesken@gmail.com

Player's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**CONFIRMATION WILL BE SENT APPROXIMATELY  
TWO WEEKS PRIOR TO CAMP**

MAKE CHECK PAYABLE TO: SSO

For Office Use Only		Date Received	Amt.	CK#
Bank				
			Cont. Sent	

## PARENTAL CONSENT/EMERGENCY MEDICAL FORM

In order to enable the us to provide prompt medical care for your child, we request that you read and sign this consent form. In this way we can ensure that there will be no delay in getting proper treatment for your child.

— PLEASE PRINT —

Parent or Guardian's Name \_\_\_\_\_

Name of Minor \_\_\_\_\_ Birthdate \_\_\_\_\_

Any allergic reactions \_\_\_\_\_

Present medication, if any \_\_\_\_\_

Date of last tetanus toxoid \_\_\_\_\_

Any past medical history that would be helpful if treatment is necessary \_\_\_\_\_

OVER →