



**Come Kick It up at the
18th ANNUAL
WESTERVILLE CENTRAL
YOUTH SOCCER CAMP**



**June 22nd through June 25th, 2020 (Monday – Thursday)
9:00 a.m. - 10:45 a.m.**

(Hosted by WCHS Coaches and Players)

Westerville Central High School (Turf Field), 7118 Mount Royal Avenue, Westerville, OH 43082

Boys and Girls ages 5 thru 8th grade – players placed by age groups

Registration Cost:

\$75.00 (pre-register by 6/15)

Each additional family member registering is only \$65.00

\$85.00 (after 6/15 and during camp week)

Walkup applications are accepted on the first day, but early registration is preferred (see rates above).

Players should wear shin guards and bring a soccer ball and water to camp each day.

Camp T-shirt

**Games &
Prizes
Popsicles**

Make checks payable to WCABC. Mail with registration form to:

WCHS Youth Soccer Camp

5565 Ainsley Drive, Westerville, Ohio 43082

Or go to the Westerville Central Athletics page, More/Camps menu - <https://westervillecentralathletics.com/>

Please direct questions to Melissa. Phone: (614) 378-8922 E-mail: warhawkboysoccer@gmail.com

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Westerville Central Youth Soccer Camp 2020

PLEASE PRINT CLEARLY

Last Name: _____	First Name: _____
Age: _____	Grade Entering Fall 2020: _____
T-Shirt Size (please circle): YM YL AS AM AL AXL	
**Medical Conditions/Allergies: _____	

Injury and Insurance Release Statement: I give my permission for my child to participate in the Westerville Central Soccer Camp. In addition, I agree to accept any and all liability in case of accident or injury.

*****Parent/Guardian Signature for Insurance Release:** _____ **Date:** _____

Emergency Medical Authorization (Section 3313.312 Ohio Revised Code)

Parent/Guardian Name(s): _____	Phone: (____) _____ - _____	Cell: (____) _____ - _____
Street Address: _____	City: _____	Zip Code: _____
Parent E-mail (PLEASE USE ALL CAPS) _____		

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

PART I or PART II must be complete.

PART I CONSENT – In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the admission of any treatment deemed necessary by (preferred physician) _____ @ phone _____ or (preferred dentist) _____ @ phone _____, or in the event that the preferred practitioner is not available, by any other licensed physician or dentist, and transfer of the child to (preferred hospital) _____ or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted to _____. Date: _____ Signature: _____

PART II – REFUSAL TO CONSENT – I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or to _____.

Date: _____ Signature: _____