

# 2017 Catamounts Soccer Camp

Monday, June 12<sup>th</sup> – Wednesday, June 14<sup>th</sup>

12:00 pm – 3:00 pm

Dalton High School Soccer Fields

**\$50**

Open to all Students

Kindergarten- 8<sup>th</sup> Grade

Building Better Players through Basic Skills

Camp fees Include:

- ✓ Training
- ✓ Games
- ✓ T-shirt

Registration Form

Please complete this form and bring it to the first day of camp or mail it with your check to:

Dalton Middle School: 1250 Cross Plains Trail, Dalton, Ga 30721

Questions/Contact: Coach Jose Almodova (706)847-7423

Email: [jose.almodova@dalton.k12.ga.us](mailto:jose.almodova@dalton.k12.ga.us)

Player Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ / \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt: (Circle One) Adult: S M L XL Youth: S M L

I certify that my daughter/son is physically able to participate in all camp activities: YES \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list and explain any health limitations/needs that coaches should be aware of (i.e. allergies, inhaler, knee/ankle brace, etc.):  
\_\_\_\_\_

I grant permission for my daughter/son to attend the 2017 Catamounts Soccer Camp. I also grant permission to coaches at the camp to act for me according to their best judgment in any emergency requiring medical attention. I also waive and release the camp, its coaches and the Dalton Public Schools/Dalton High School from any and all liability for any personal injuries, death, and/or property damage incurred while at camp. I also acknowledge that my daughter/son has had a doctor's physical examination within one year of the chosen camp dates indication that she is able to fully participate in camp with the above listed limitations.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

