

2019 Cobber Soccer Camp

July 8-11, 2019

(Monday thru Thursday)

Print out and mail to:

Concordia College Men's Soccer
901 8th Street South, Moorhead,
MN 56562

You can pay in full or send a \$75 non-refundable deposit to ensure a spot in the camp.

PLEASE MAKE CHECKS PAYABLE TO: CONCORDIA COLLEGE

Registering Multiple Children? Are you a Concordia employee? Email Ben Schneeweis at bschnewe@cord.edu to inquire about discounts.

Last _____ First _____ Parent E-Mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone: _____

T-Shirt Size (S, M, L or XL) Specify Youth or Adult _____

Grade _____ Birthday _____ Age _____

In an emergency, if parents cannot be contacted, notify:

Name _____ Relationship to Camper _____

Cell Phone _____ Home Phone _____

CAMP OPTIONS: Attend certain days of the week or choose to attend all four at a lower cost.

- Ages 4-5: 9-11 AM, July 8-11. \$25 per day or \$85 for all four days
CIRCLE DAYS YOUR CHILD WILL ATTEND: MONDAY TUESDAY WEDNESDAY THURSDAY
 - Ages 6-12: 9 am – NOON, July 8-11. \$35 per day or \$125 for all four days
CIRCLE DAYS YOUR CHILD WILL ATTEND: MONDAY TUESDAY WEDNESDAY THURSDAY
 - Ages 13-18: 1:30 – 4:30 pm, July 8-11. \$35 per day or \$125 for all four days
CIRCLE DAYS YOUR CHILD WILL ATTEND: MONDAY TUESDAY WEDNESDAY THURSDAY
 - Ages 13-18 Goalkeeping and Goal Scoring Camp:
6:00 – 7:30 pm, July 9-11 (**Monday, Tuesday, and Wednesday, only!**) \$30 per night or \$75 for all three nights
CIRCLE DAYS YOUR CHILD WILL ATTEND: MONDAY TUESDAY WEDNESDAY
- **Register for all four days of the 13-18 Afternoon Camp and the all three nights of the Goalkeeping/Goal Scoring Session for \$185**
 - These sessions will focus on the specialized skills of scoring goals and goalkeeping for those interested in those positions/skills. High intensity, high repetition, and loads of fun!

IMPORTANT: FOR THOSE ATTENDING THE AFTERNOON CAMP AND GOAL SCORING & GOALKEEPING CAMP:

Food **will not** be provided between the afternoon camp for 13-18 year olds and the evening goalkeeping/goal scoring session. Should campers want to stay on campus between sessions, camp staff will escort campers to the Knutson Campus Center, where they can eat food they've brought along and relax in an air-conditioned area with couches and televisions. Camp staff will supervise campers for the duration of the 90 minute break between camp sessions. To arrange for your son/daughter to stay on campus during the break, **please email Ben Schneeweis at bschnewe@cord.edu**

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Certification of Physical Fitness to Participate:

I understand that participating in any sport, including camp there is a risk of injury which could result in serious or permanent injury, paralysis, or death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the camp coaches.

By signing below, I certify the following:

My child is not currently under any care of a physician for an injury or illness that would prevent his/her safe participation in the camp.

My child has no history of fainting or any other problems related to strenuous exercise.

I declare that my child is in good health and there is no reason he or she cannot safely participate in any strenuous physical activity.

Parent/Guardian Signature _____ Date _____

Consent:

By signing below, I hereby give permission for the camp director and staff to obtain medical treatment for my child, _____, in the event of accident or illness during his/her presence at the camp.

Parent/Guardian Signature _____ Date _____

Release:

In consideration for accepting my child into camp, which uses university facilities, I hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp.

By my signature, I agree to release and promise not to sue Concordia College, Achiever Eleven Enterprises, LLC, or their employees or agents for any damages, loss, injury or death arising from my child's participation in camp, unless such damages, loss, injury or death are caused by gross negligence or intentional gross misconduct of such employees.

Parent/Guardian Signature _____ Date _____

Health History:

Allergies: _____

Drug Allergies/Sensitivities _____

Asthma _____

Heat Illness/Exhaustion _____

Operations, Serious Illnesses, Injuries _____