

# ARLINGTON SOCCER CAMP

2017

## "OUR 40th YEAR"

**WHEN:** July 31 to August 4

**WHO:** Arlington area youth players entering grades 1-9

**TIME:** 9AM until noon

**WHERE:** Fisher School Fields

**COST:** \$100 per child (\$60 each additional sibling even if at other session)

**STAFF:** John Werner, Mike Keough, Hooper Pickering, Todd Wilkins, Mike Lampron, Aaron Wood and selected AMHS Players

**PHILOSOPHY:** the camp philosophy is teaching skills and tactics through fun games, with emphasis on teamwork, sportsmanship, and FUN

**EQUIPMENT:** each player is to bring a ball, shin guards and a water bottle each day. Balls can be ordered with your registration for \$15.

**REGISTRATION:** to register, send the tear off form below and a \$50 deposit (\$65 if ordering a ball) to John Werner at 276 Pickering Rd., Arlington, VT 05250. The balance is due the first day of camp. Please make checks payable to John Werner Soccer Camps.

\*\*\*\*\*cut here\*\*\*\*\*

NAME \_\_\_\_\_ GRADE IN FALL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

BALL NEEDED? YES NO (circle one)

AMOUNT ENCLOSED \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of the above named applicant for the Arlington Soccer Camp, hereby give my approval to his/her participation in any and all camp activities. I assume all risks and hazards incidental to such participation. I hereby waive, release, absolve, indemnify and agree to hold harmless JohnWernerSoccerCamps LLC, the Arlington Town School District, the organizers, sponsors and supervisors for any claim arising out of an injury to my child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

signature \_\_\_\_\_ date \_\_\_\_\_

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Some camp photos may be used for camp publicity. Please initial here if you do **not** wish your child's photo to be used. \_\_\_\_\_