

WALNUT HILLS YOUTH SOCCER CAMP

2ND ANNUAL



**Come Learn with the 2011 FAVC Soccer Champions
at the # 1 High School in Ohio**

Camp will provide:

- Quality Instruction by Walnut Hills High School Staff and USSF Licensed Coaches
- Camp T-shirt
- Fun and Safe environment
- Ability to Play at WHHS Stadium
- Opportunity to play with future Walnut Teammates

Mail in Form on Back to:

3250 Victory Parkway
Cincinnati, OH 45207

Or visit

www.walnuthillssoccer.com

and register online

When:

Grades 7-9 July 9th - 12th

Grades 9-12 July 23rd - 27th

*see back for times

Where: Walnut Hills High School

Cost: \$100 or \$150 for both

Walk up registration available

Players Should bring:

- Shirt, shorts, socks, and cleats
- Soccer Ball (with name on it)
- Shin guards
- Water

Questions: Please contact:

Coach Rothwell: 937-829-2305

Boys Head Varsity Coach

Email: rothwell.e@gmail.com

Brought to you by



Which camp will you be attending? *

_____	Jr. High Camp	Grades 7-9	July 9th - 12th	7pm - 9pm	\$100
_____	High School Camp	Grades 9-12	July 23rd - 27th	9:30am -12pm	\$100
_____	Both Camps (Freshman only)				\$150

Player's Name _____

School attending in Fall of 2012 _____

Grade level _____ **Age** _____

Parent's Name _____ **Email Address** _____

Cell Phone Number (s) _____

Emergency Contact Name _____ **Emergency Phone** _____

List any Medical Problems _____

Physician to be contacted in case of Emergency _____

Physician # _____

Shirt Size (adult sizes) s -xl _____

We hereby agree that the Cincinnati Public Schools, Walnut Hills High School (WHHS), Eagle Soccer Camp, its members, coaches, or officers shall not be liable for any injury or loss which my child (or children) may sustain while participating in activities of any kind, whether sponsored by or under the supervision of WHHS and we agree to indemnify and to hold harmless WHHS, Eagle Soccer Camp, its members, coaches, officers or designates of any kind from any claim whatsoever.

Parent Signature

Authorization for Medical Treatment for a Minor: I, the parent/ guardian of the above child, give my permission and consent to assigned head coach of my child's Eagle Youth Soccer Camp for approval of emergency treatment, after consultation with medical staff, for my child in the case of my absence. This authorization is good for the Eagle Youth Soccer Camp only.

Parent Signature

Method of Payment

_____ Cash \$65 before May 14th or \$75 after

_____ Check - Payable to Eagle Soccer

Mail Registration:

WHHS Athletic Dept 3250 Victory Parkway Cincinnati, 45207

Email: rothwell.e@gmail.com