

2009 Challenger British Soccer Camps

- WHO:** Youth, ages 3-14 years (see levels below)
WHERE: Keyes Soccer Field
WHEN: Monday - Friday, July 27th-July 31st
- **First Kicks** . . . Ages 3-4 yrs. 9:00 - 10:00 am
 - **Mini Soccer** . . . Ages 5-6 yrs. 10:15 - 11:45 am
 - **Half Day** Ages 7-9 yrs. 4:00 - 7:00 pm
- Monday-Friday, August 10th – August 14th
- **Full Day** Ages 8-14 yrs. 9:00 am - 4:00 pm

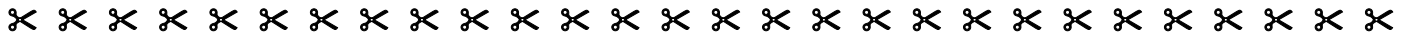


COST: **First Kicks-** \$55 **Mini Soccer-** \$75 **Half Day-** \$105 **Full Day-** \$160

DEADLINE to register is **Friday, July 24th** Complete and return the Registration Form, with the PARENT or GUARDIAN SIGNATURE. Payment must accompany registration. Checks are made payable to "Milford Recreation Dept." Returned Check fee is \$25. No refunds after registration deadline

PROGRAM DESCRIPTION:

- Features British Soccer highly experienced International coaching staff.
- FREE T-Shirt and soccer ball!
- Designed to help boys and girls improve their soccer skills and knowledge in a safe, fun and educational environment.
- Learn the latest techniques of the game. Refine skills to improve your level of play. Strengthen team concepts and strategies.
- See the Challenger Soccer Registration Form for DISCOUNTS AND HOST-A-COACH or go to www.challengersports.com
- **Camp Checklist:** Clothing suitable to weather, soccer ball, soccer cleats and/or flats, shin guards, personal water bottle, snack and sunscreen/bug spray.



2009 RECREATION Challenger Soccer Camps

**** One Form per Participant ****

NAME _____ DOB _____ MALE _____ FEMALE _____
 Address, Town, Zip _____ Home Phone _____
 Parent's Name _____ Parent's Work Phone _____
 Family E-Mail: _____
 Emergency Contact Name _____ Relation _____ Phone _____

Check One Camp: **First Kicks (ages 3-4)** **Mini Soccer (ages 5-6)** **Half Day (ages 7-9)** **Full Day (ages 8-14)**

I HEREBY GIVE MY PERMISSION for my son/daughter to participate in the Milford Parks & Recreation Dept. program. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

IN CASE OF EMERGENCY, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

Family Insurance Yes _____ No _____ Company Name & Policy _____

PLEASE LIST ALL MEDICAL CONCERNS or instructions the staff should know regarding your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Parent/Guardian's Signature

_____ **Date** _____

For Office Use Only

Amount \$ _____

Cash ⇔ **Check** ⇔ _____