



2019 Soccer Camp

BOYS AND GIRLS

at Magnolia High School

Head Girls Coach: April Cleveland

Head Boys Coach: George Kelley

Camp #1: June 3rd – 6th 4:00 – 6:00pm

Any incoming 1st - 5th grade girl/boy. Fee: \$75 per child

Camp #2: June 3rd – 6th 6:00 – 8:00pm

Any incoming 6th – 9th grade girl/boy. Fee: \$75 per child



Camp Fees:

#1: incoming 1st - 5th - \$75.00

#2: incoming 6th - 9th - \$75.00

*****Please bring a soccer ball, water bottle, tennis shoes, cleats and shin guards every day.**

DEADLINE for Mail-in Registration is:

Friday, May 24th, 2019

****Walk-Ups Welcome****

Registration/Late Registration will be in the MHS Field House Meeting Room the first day of camp.

Payments: Paypal to acleveland@magnoliaisd.org

(add campers name and grade in "notes" section)

OR send cash/check to: Magnolia High School

ATTN: April Cleveland, 14350 FM 1488, Magnolia, TX 77354

Campers will receive a T-shirt

Twitter Page: MHS Bulldog Soccer

@MagHSsoccer

Remind101 Sign Up: Text To: 8101

Message: @mhscamp19

REGISTRATION FORM:

Grade Level in Fall 2019: _____

Camper's Name: _____

Parent's Name: _____

Parent's Address: _____

Parent's Email Address: _____

Parent's Phone Number: _____

Camper's T-shirt Size: (circle one)

Youth-XS Youth-S Youth-M Youth-L S M L XL

Liability:

In the event of an emergency situation, I hereby authorize the April Cleveland Soccer camp staff to obtain medical attention for my child. I hereby waive and release both the ACSC staff and MISD from any liability for the injury and/or illness that might occur while participating in this camp. I understand as an active participant in soccer that an accident or injury may occur.

Parent Signature: _____

Emergency Medical Contact: _____

Physicians Name and Number: _____

Please list any medical condition that we should be aware of: _____

* please note that there is no trainer on site

MISD Camp Waiver:

Student's Name: _____

Activity: Soccer

In order for your child to be able to participate in the 2019 camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not cover insurance covering injuries your child may sustain. By my signature, I am informing MISD that I understand that the district is not responsible for any accident or payments resulting from such an accident. In the event of injury to your child, we recognize that MISD, its board of trustees, its agents, and its employees are in no way liable for injuries, medical expense or damage and will have no insurance covering your child. We have made the choice on behalf of our child without any interference from anyone serving or employed by MISD. Dated this ____ day of _____ 2019.

Parent Signature: _____