

Antioch Sequoit Boys Soccer Summer Camps 2008

Camp Dates and Fees:

Boys and Girls entering grades K-6

June 16 through June 20 (Monday through Friday)

4:30-6:30 pm

Fee: \$50

Boys entering grades 7-12

June 23 through June 27 (Monday through Friday)

4:30-6:30pm

Fee: \$50

Boys entering grades 9-12

July 14 through July 18 (Monday through Friday)

4:30-6:30pm

Fee: \$50

Make checks payable to ACHS.

If you attend 2 camps the fee is \$75 and you will receive one t-shirt

All campers will receive a T-shirt.

The above information is yours to keep. Please return the bottom portion:

Camp Application 2008

Name _____

Street _____

City _____ State _____ Zip _____

Home Phone _____

Age _____ Grade Entering in 2008-2009 _____

Current School _____

Circle the **Youth** t-shirt size desired:

S M

Circle the **Adult** T-shirt size desired:

S M L XL

(Every effort will be made to match your request)

Camp Goals: The goal of the Antioch Sequoit Boys Soccer Camp is to help identify and develop the fundamental skills that young players need to be successful in competitive soccer. Emphasis will be on teaching fundamentals and helping young players understand the way the game should be played. Coaches will challenge campers to increase their skill level in a competitive and fun environment.

Camp Location: All sessions will be held at the new Antioch Community High School McMillan Fields.

Camp Registration: Registration can be completed prior to camp either by mail or in person. You can also register on the Monday prior to your desired session. In all cases, a parent/guardian signature will be required on the waiver form (see below).

Camp Information: For more information, call Coach Marni Polakow (847) 395-1421 x8109 or e-mail: mpolakow@sequoits.com

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Please check any conditions that apply.

Known allergies _____ Asthma _____

Bee sting reaction _____

Medications _____

I hereby request you to accept the application for enrollment of _____ in the Antioch Sequoit Boys Soccer Camp during the dates set forth in this application. I hereby release the District 117 Board of Education and its employees from all claims on account of any injuries which may be sustained by my child, and I agree to indemnify the Board of Education and its employees from any claim which may hereafter be presented to our child as a result of any injuries. If medical attention is required for injury or illness while in camp, I give permission for such medical care.

Parent/Guardian Signature _____

Date _____

Send registration and check to:

Antioch Community High School
Attn: Coach Marni Polakow
1133 Main Street
Antioch, IL 60002

Or bring registration and check to first camp date.