

# Antioch Sequoit Boys and Girls Soccer Summer Camps 2009

## Camp Dates and Fees:

**Boys and Girls** entering grades 7-12  
June 8 through June 12 (Monday through Friday)  
1:30-3:30pm  
Fee: \$50

**Boys and Girls** entering grades K-6  
July 13 through July 17 (Monday through Friday)  
1:30-3:30 pm  
Fee: \$50

**Boys and Girls** entering grades 7-12  
July 13 through July 17 (Monday through Friday)  
4:30-6:30pm  
Fee: \$50

Make checks payable to ACHS.

All campers will receive a T-shirt.

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

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## Camp Application 2009

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade Entering in 2009-2010 \_\_\_\_\_

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 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 McMillen 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](mailto:mpolakow@sequoits.com)

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

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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.