

# **Youth Soccer Camp in Duluth**

Attention all soccer players ages 7-12. On Sunday, September 30<sup>th</sup> we invite you to our first annual "ESS to England" youth soccer camp. This camp will be run by East Select Soccer's and Duluth East Girls Varsity coach Steve Polkowski and will be assisted by the 20 East Select Soccer players that will be heading to Northampton England in July of 2019 for our soccer exchange.

This camp is designed for kids of both genders and all abilities. We will be teaching skills in a fun and inviting setting by utilizing games and activities.

We will not be doing pre-registration for this camp, please bring this form to the field to register your child. All proceeds from this camp will go to help support our local East Select Soccer players have an enjoyable England trip.

## **Camp Details:**

Date: Sunday, September 30<sup>th</sup>

Time: 2-3:30

Location: Ordean Middle School Turf Field

Cost: \$20 (Checks made payable to: "ESS to England")

## **Please bring:**

Appropriate clothing for a potentially chilly day.

An inflated soccer ball.

Soccer cleats or tennis shoes.

A water bottle.

Shin guards.

## **If you have any questions, please contact:**

Steve Polkowski

218-464-7009

coachstevepolkowski@gmail.com

**See you on September 30<sup>th</sup>!!!**



## ESS to England Youth Clinic Registration



### Player Information:

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Parents Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Number: \_\_\_\_\_

### \*\*\* Medical Information & Consent \*\*\*

Alternate Emergency Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Insurance: \_\_\_\_\_

Agreement: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), the Minnesota Youth Soccer Association (MYSA), East Select Soccer (ESS), and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, the MYSA accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge, and/or otherwise indemnify the USYSA, MYSA, ESS and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, with transportation I hereby authorize.

Medical Release: As the parent or legal guardian of a participant in the USYSA/MYSA/ESS programs, I give consent for emergency medical care by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Legal Guardian: (please print) \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Payment Information:

Checks made payable to:

ESS to England