



TWIN PORTS
ELITE
SOCCER

SUMMER CAMP 2021

FIELD:

ORDEAN EAST MIDDLE SCHOOL

COACHES:

UEFA A LICENSED COACH - PAUL DEVLIN
EHS HEAD COACH - COREY BACHAND
EHS ASST. COACH - ADAM BACHAND
EHS ASST. COACH - NATE HANSON
EHS ASST. COACH - GUS NASCIMENTO

DATE

7-9TH GRADE

10-12TH GRADE

Monday, June 14
Wednesday, June 16
Thursday, June 17

9:00 - 10:30 AM
9:00 - 10:30 AM
9:00 - 10:30 AM

10:45 - 12:15 PM
10:45 - 12:15 PM
10:45 - 12:15 PM

Monday, June 21
Wednesday, June 23
Thursday, June 24

9:00 - 10:30 AM
9:00 - 10:30 AM
9:00 - 10:30 AM

10:45 - 12:15 PM
10:45 - 12:15 PM
10:45 - 12:15 PM

Monday, June 28
Wednesday, June 30
Thursday, July 1

9:00 - 10:30 AM
9:00 - 10:30 AM
9:00 - 10:30 AM

10:45 - 12:15 PM
10:45 - 12:15 PM
10:45 - 12:15 PM

Monday, July 12
Wednesday, July 14
Thursday, July 15

9:00 - 10:30 AM
9:00 - 10:30 AM
9:00 - 10:30 AM

10:45 - 12:15 PM
10:45 - 12:15 PM
10:45 - 12:15 PM

Monday, July 19
Wednesday, July 21
Thursday, July 22

9:00 - 10:30 AM
9:00 - 10:30 AM
9:00 - 10:30 AM

10:45 - 12:15 PM
10:45 - 12:15 PM
10:45 - 12:15 PM

Monday, July 26
Wednesday, July 28
Thursday, July 29

9:00 - 10:30 AM
9:00 - 10:30 AM
9:00 - 10:30 AM

10:45 - 12:45 PM
10:45 - 12:45 PM
10:45 - 12:45 PM

\$395

27 HOURS ON FIELD

T-SHIRT

INFORMATION

PLAYER NAME

LEVEL PLAYED LAST YEAR

PLAYER PHONE NUMBER

PARENT/GUARDIAN NAME

PARENT EMAIL

PARENT/GUARDIAN PHONE NUMBER

SHIRT SIZE (ADULT S-2XL)

GRADE FOR 2021-22 SCHOOL YEAR

WAIVER/RELEASE OF LIABILITY

BY SIGNING BELOW, I HEREBY AUTHORIZE COREY BACHAND/TPES TO ACT FOR ME, MY CHILD _____ (NAME) OR GUEST IN ANY EMERGENCY AND HEREBY RELEASE AND AGREE TO INDEMNIFY COREY BACHAND, HIS STAFF, AND OTHER PARTICIPANTS FROM ANY LIABILITY FOR ANY INJURIES OR ILLNESS, LOSSES, OR DAMAGES SUSTAINED WHILE I, THE ABOVE MINOR, OR GUEST INVOLVED ARE PARTICIPATING IN ANY ACTIVITIES PROVIDED BY COREY BACHAND AND HIS STAFF AND PHYSICAL TRAINING SESSIONS. I FUTHER UNDERSTAND THAT ATTENDING A PROGRAM OF THIS KIND CAN INVOLVE RISK OF INJURY. I ACCEPT FULL RESPONSIBILITY FOR MY AND THE ABOVE MENTIONED PARTICIPANTS MEDICAL BILLS, IF ANY, AND ALL OTHER ASSOCIATED EXPENSES AS A RESULT OF INJURIES OR ILLNESS SUSTAINED WHILE ANY OF THE SAID PERSONS ARE IN ATTENDANCE. THE ABOVE MENTIONED PERSON IS ATTENDING AT HIS/HER OWN RISK.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

PAYMENT

THE CAMP IS \$395.00 PER PLAYER. EACH PLAYER/SIBLING MUST SUBMIT THEIR OWN REGISTRATION FORM **DUE BY MONDAY MAY, 24TH**. ALL PLAYERS MUST HAVE COMPLETED REGISTRATION/PAYMENT BEFORE BEING ALLOWED ON THE FIELD. PLEASE SEND REGISTRATION TO THE ADDRESS LISTED BELOW.

SEND REGISTRATION TO:

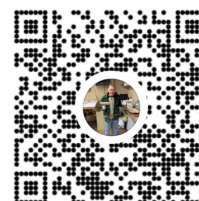
BACHAND GROUP
ATTN: COREY
722 TOWER AVE.
SUPERIOR, WI 54880

PLEASE MAKE CHECKS PAYABLE TO:

TWIN PORTS ELITE SOCCER

VENMO:

@COREY-BACHAND



FOR FURTHER QUESTIONS PLEASE EMAIL COREY AT COREY@BACHANDGROUP.COM