



# Dolphin Soccer Summer Camp



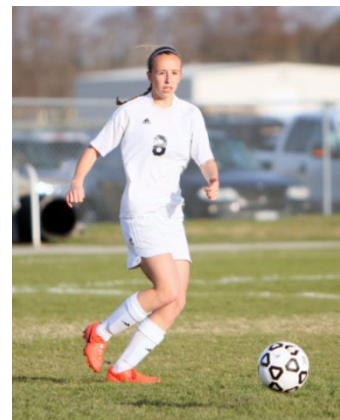
## EVENING CAMP: July 16-19

Christine.Thornton@vbschools.com

Monday -Thursday evenings 6-8 pm.

### BOYS & GIRLS

Come join us at Ocean Lakes High School to learn soccer skills with the coaches and players.



- ⚽ One FUN filled week of learning soccer skills!
- ⚽ Meet at the stadium at Ocean Lakes High School
- ⚽ Bring your cleats\*, shin guards. Soccer ball, and water
- ⚽ Skill work and games will be played daily
- ⚽ Each camper that attending the week will receive a Dolphin Soccer T-shirt
- ⚽ Please be sure to label all items!

*\*Note: In case of inclement weather, bring regular running shoes to play inside if the gym is available.*

**Contact by email**

**Christine.Thornton@vbschools.com**



### Camp Rules:

Always do your best, tell a coach if you are hurt at any time, follow directions, never leave the area without permission, ask if you do not understand and HAVE FUN!

### EVENING CAMP

**Dates: July 16-19**

### COED

- ⚽ Rising 1<sup>st</sup>-9<sup>th</sup> graders
- ⚽ 3-5 year old group

**Time: 6 pm – 8 pm**

Cost: \$115.00 for week

OR

\$100 if paid by July 12th

\$30.00 per day if not attending whole week

**Cash or checks made payable to OLHS.**

PARTICIPANTS NAME: \_\_\_\_\_

Parent's E-Mail: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Cell: \_\_\_\_\_

Grade for 2017-2018 school year: \_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

School Attending: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size: Youth Small\_\_ Youth Medium\_\_ Youth Large\_\_ Adult Small\_\_ Adult Medium\_\_ Adult Large\_\_

My daughter/son has permission to attend the Dolphin Soccer Camp. In the event of injury or illness I hereby grant my consent for medical treatment and permission for attending physician to secure proper treatment and secure medication or surgery if required. I intent to be legally bound hereby for myself and my heir wave any right I may have against the Dolphin Soccer Camp and its representative.

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

It is the policy of the School Board to maintain a learning environment that is free from harassment and discrimination because of an individual's race, color, sex, disability, national origin, ethnicity, or religion. The School Board prohibits any and all forms of harassment because of race, sex, disability, color, national origin, or religion.

Mail completed application to  
Christine Thornton,  
Soccer Coach, Ocean  
Lakes High School,  
885 Schumann Drive,  
Virginia Beach, VA

# Activity Camp – Parental Consent Form

Ocean Lakes High School

Camp Dates: July 16-19

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 School: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Activity: COED Dolphin Soccer Camp Age: \_\_\_\_\_ Grade: \_\_\_\_\_

## STATEMENT OF CONSENT

I/We, the undersigned, hereby certify that I/We, am/are the parents or legal guardians of the participant on this form. I/We hereby give permission for the camp staff to seek, during the period of camp, appropriate medical attention for the participant, for the attention to be given to the participant, and for the participant to receive medical attention and treatment.

I/We, the undersigned, understand that \_\_\_\_\_ (activity) is an active, physical sport and that injuries can occur. I/We assume all known and unknown risk of injury to my/our son/daughter. I/We hereby acknowledge that my/our son/daughter is physically fit and mentally capable of participating in \_\_\_\_\_ (activity) and all camp activities.

I/We waive, release, and discharge the School Board of the City of Virginia Beach, the school, the staffs, agents, employees, representatives, successors, and assigns for any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation or while at this camp.

The camp director reserves the right to dismiss students from the camp for inappropriate action or behavior with no refund.

My/our signature(s) indicate(s) that I/We have provided true information on this application, and understand all statements on this form.

Signature(s) of Parent(s) or Legal Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

## CAMPER'S HEALTH INFORMATION

To be completed and signed by camper's parents or legal guardian.

Asthma                       Diabetes                       Heart Disease                       Rheumatic Fever  
 Bleeding Disorders                       Convulsions/Seizures                       Head Injury/Concussions

Allergies to Drugs: \_\_\_\_\_ Allergies to Food: \_\_\_\_\_

Last Tetanus Immunization (date): \_\_\_\_\_

Current Medications: \_\_\_\_\_

Chronic or Recurring Illnesses: \_\_\_\_\_

Operations/Injuries (include dates): \_\_\_\_\_

Physical Restrictions\*: \_\_\_\_\_

Physician Telephone: \_\_\_\_\_ Dentist Telephone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I/We have read and I/We understand the camp program and application process, and will include a copy (front and back) of an insurance card for my/our son/daughter. Virginia Beach City Public Schools does not provide medical coverage for its students. An incident requiring medical attention is the responsibility of the parent or legal guardian through their personal medical insurance.

Parent(s) or Legal Guardian(s) Must Sign Here: \_\_\_\_\_