



J-E Recreation Soccer Camp



Sponsored by: Town of Elbridge Recreation Department
Location: Seymour Lofft Park, Sandbank Road, Elbridge

FOLLOWING PROPER HEALTH GUIDELINES: ALL PLAYERS MUST PRE-REGISTER

NEW START DATES and Times:

High School players: Sept 14, 15, 16, 17 - 2:30pm-4:15pm - fee \$25

Grade 7/8 Modified players: Sept 14, 16, 21, 23, 28, 30; Oct. 5, 7, 14, 19 - 4:30pm-6:00pm - fee \$65

Grade 4/5/6 players: Sept 15, 17, 22, 24, 29; Oct. 1, 6, 8, 13, 15 - 6:00pm-7:15pm - fee \$55

Grade K/1/2/3 players: Sept 15, 17, 22, 24, 29; Oct. 1, 6, 8, 13, 15 - 5:00pm-6:00pm - fee \$50

ALL LEVELS INCLUDE BOYS AND GIRLS Unless numbers allow two separate groups:

- Dates subject to change based on varsity game schedules - Health screening (temp./questionnaire) done before each session -



This camp is facilitated by the Jordan Elbridge High School Varsity Coaches

Camp questions - call 315-689-9031 ext 9

If possible - each player bring soccer ball and reversible jersey

WAIVER MUST BE COMPLETED TO PARTICIPATE

I/We the parents or legal guardian of the named candidate, for his/her participation in the J-E Recreation Basketball Program herby give my/our approval for his/her participation in any and all programs and activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from all activities. We do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Elbridge, The J-E Recreation Commission, Jordan-Elbridge Central School District, J-E Sports Booster, J-E Basketball Program and their employees and the program organizers, sponsors, supervisors, coaches and any others for any claims arising out of an injury except to the extent and in the amount of coverage provided by the program's insurance.

X _____ Date _____

Parent/Guardian Signature

Please attach information regarding any medical problems (i.e. asthma, allergies, inhalers, etc.)

Mail Completed Registration to: Town of Elbridge PO Box 568 Jordan, NY 13080 attn: recreation dept.

Make checks payable to: Town of Elbridge Recreation

- ALL PLAYERS MUST PRE-REGISTER -

Participant Information:

Participants Name: _____ Grade: _____ Date of Birth: _____

Home Phone: _____ Cell: _____

Parent/Guardian: _____ Email: _____

Mailing Address: _____ City: _____ State/Zip: _____

Any Medical Needs?: _____