

2022 Delaware Valley Girls Soccer Camp
August 1 – 4
Delaware Valley High School Soccer Field
9:00 – 11:00 (rain date August 5)
Grades 4 – 9

Camper's Name: _____ Grade Entering: 4 5 6 7 8 9

Address: _____

Telephone: _____ Email: _____

Emergency Contact/ Phone #: _____

Allergies/Health Concerns: _____

T-Shirt Size: YM YL AS AM AL AXL

PERMISSION TO PARTICIPATE

It is assumed the applicant is a normal, healthy student and can participate in all regular soccer-related activities unless stated in writing prior to the clinic to the director upon event.

Realizing that such an activity involves the potential for injury which is inherent in all sports, I acknowledge that even with the best coaching, use of protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge that I assume all responsibility and expense through my own insurance company.

I give permission for emergency treatment for injuries sustained in any athletic event, at the place of injury, at the discretion of the attending physician or athletic trainer working under supervision.

Parent Signature: _____ Date: _____

Weekly Camp Rate: \$100 (checks payable to DV All Sports Booster Club)

Mail to: David Kirschenmann
19 Senator Stout Road
Frenchtown, NJ 08825

Any questions? Email Coach Kirschenmann

davidkirschenmann@dvrhs.k12.nj.us

- Wear soccer clothing (shorts, t-shirt, cleats, shin guards)
- DO NOT bring your own soccer ball – they will be provided
- Bring your own water bottle
- Bring a mask (just in case)