

Saranac Soccer Camp 2013

Dear Parents/Soccer Camp Participants,

Thank you for your interest in participating in the fourteenth annual Saranac Soccer Camp.

Once again, the **Saranac Soccer Camp** is a great place for soccer enthusiasts, grades 1 through 12, who are looking to learn new skills, useful tactics, make new friends and have fun.

Please allow me to provide you with additional details about this year's camp:

- **Dates:** Monday, June 24 – Friday, June 28, 2013
- **Location:** Morrisonville Elementary School
- **Times:** 8:00 am—12:00 pm
- **Camper Drop Off Times:** Parents dropping off their child/children may do so at 7:45 am. Please do not drop off your child/children any earlier, as there will be NO supervision.
- **Camper Pick Up Times:** Parents should pick up their child/children promptly at 12:00 noon. There will be NO supervision after this time.
- **Registration Fee:** \$72 per participant (includes t-shirt) – Checks made payable to **Saranac Continuing Education**

Campers should bring:

- A soccer ball – size 3 for grades 1 & 2, size 4 for grades 3 & 4, and size 5 for grades 7 – 12.
- Shin guards are mandatory for all campers!
- Sunscreen
- Water bottle
- Extra socks, extra t-shirt and warm clothes (if needed)
- Sneakers in case their group goes inside
- Snack or money for a snack

Note: Campers will be going out in all weather conditions (unless there is a driving rainstorm or it is lightning).

On the back of this letter, you will find a Registration/Medical Information/Medication Permission Release form. The Medication Permission Release section must be completed **ONLY** if your child will be taking medication at the camp.

Please send the completed Registration/Medical Form and camp registration fee (\$72) to:

SARANAC CONTINUING EDUCATION PROGRAM
MORRISONVILLE ELEMENTARY SCHOOL
47 SAND ROAD
MORRISONVILLE, NEW YORK 12962

Thank you again for your interest and we look forward to your child's participation this year!

Sincerely,
Mary LaTempla

Soccer Camp Director

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SARANAC SOCCER CAMP - REGISTRATION /MEDICAL FORM

Name: _____ Age: _____

Shirt Size: Y-S Y-M Y-L A-S A-M A-L A-XL

Parent/Guardian Information: Name: _____ Relationship: _____ Mailing Address: _____ Home Phone: _____ Work Phone: _____	Emergency Contact Information: Name: _____ Relationship: _____ Mailing Address: _____ Home Phone: _____ Work Phone: _____
Medical Information: Physician's Name: _____ Office Phone: _____ Does your child have any allergies? Yes / No Explain: _____	 Does your child have any medical conditions? Yes / No Explain: _____ Does your child take any medications? Yes / No Explain: _____

<p style="text-align: center;">MEDICAL PERMISSION RELEASE</p> <p style="text-align: center;">COMPLETE THIS SECTION ONLY IF YOUR CHILD WILL BE TAKING MEDICATION AT SARANAC SOCCER CAMP.</p> <p>If your child will need to take medication at the camp, this section must be completed and signed by your physician. It will be your responsibility to deliver the medicine to the camp in the original, sealed container.</p> <p>_____ (child's name) has been prescribed _____ for the condition of _____. He/she should be given a dose of _____ _____ at _____ for the following duration _____. The above child understands the purpose and appropriate method and frequency of use of the medication/inhaler. If applicable, we request this child be permitted to carry the inhaler on his/her person as we consider him/her responsible.</p> <p>Physician's Signature: _____ Date: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p>
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WAIVER

I understand that participants are responsible for their own health insurance. The school insurance will not cover injuries occurring at the clinic.

Parent/Guardian Signature: _____ Date: _____

Please return this form with \$72 registration fee (checks payable to **Saranac Continuing Education** and mail to:
Saranac Continuing Education, Morrisonville Elementary School, 47 Sand Road, Morrisonville, NY 12962)