



S.E. Polk Summer Soccer Camp

Chris Roberts and Monica Capper, along with players from the S.E. Polk Varsity Soccer team, will be offering a summer soccer camp for all boys and girls entering grades 1 – 8. The purpose of the camp is to improve the skills of each child by enhancing basic skills and correcting mistakes. Every camper will receive a “ S.E. Polk Soccer Camp” t-shirt.

Camp	Time	Days	Date	Location	Fee	Register By
1 st - 8 th	9-10:30 am	M,T,W,Th	6/16-19	SE Polk Field	\$70	June 13th

CUT AND KEEP TOP PORTION-NO CONFIRMATION WILL BE SENT

SUMMER SOCCER CAMP REGISTRATION

PLEASE MAIL BOTTOM PORTION TO:

S.E. POLK SOCCER CAMP

CHRIS ROBERTS

709 SE CHAPARAL ANKENY, IA 50021

MAKE CHECKS PAYABLE TO S.E. POLK GIRLS SOCCER

Participant Name: _____ Birthdate: ___/___/___

Street Address: _____ Home Phone: _____

City/State/Zip: _____ Grade In 07-08: _____

Parent Name: _____ Work Phone: _____

Emergency contact (name & phone number): _____

T-Shirt Size (Circle One)

Youth: S M L

Adult: S M L XL

I hereby give permission for my child to enroll in the S.E. Polk Summer Soccer Camp and certify that he/she is physically fit to participate. I will not hold S.E. Polk Community School District or its appointed staff responsible in case of accident/injury or loss as a result of participation in these activities. I understand that refunds will only be given up to the first day of a program. After that, no refunds will be given except in the event of unforeseen medical reasons or program cancellations/postponements.

PARENT/GUARDIAN SIGNATURE (REQUIRED) _____

QUESTIONS – CALL OR EMAIL CHRIS ROBERTS
515-963-3967 CHRISKROBERTS@HOTMAIL.COM