



JUNE 13 - 16*

WARREN YOUTH SOCCER CAMP

Both Warrior Soccer teams are excited to announce our youth soccer camp for 2022. This camp is available for any boy or girl entering 1st through 8th grade. The camp is designed to increase soccer skills and awareness to progress each individual. The camp will be run by the high school coaching staff with the assistance of members of the high school programs. Please contact David Staats (david_staats@yahoo.com), Andrew Pinkerton (andrew.pinkerton@warrenlocal.org), or Jon Hurley (jon@jonhurley.com) with any questions regarding the camp through email.

* June 17th will be used as a calamity day, if necessary.

6:00 - 8:00 P.M. at the Ohio Valley Soccer League (OVSL) Kona Ice Fields

Coaches:

WHS Boys Coaches (5th through 8th grades) Jon Hurley Daniel Scott

WHS Girls Coaches (1st through 4th grades) Andrew Pinkerton David Staats

Assisted by:

WHS Soccer Players

Fee: \$50 (T-shirt guaranteed if postmarked prior to June 1st)

Registration Form

Player #1 Name:

2022-23 Grade: Gender: M F (circle) Shirt Size: YS YM YL AS AM AL

Player #2 Name:

2022-23 Grade: Gender: M F (circle) Shirt Size: YS YM YL AS AM AL

Player #3 Name:

2022-23 Grade: Gender: M F (circle) Shirt Size: YS YM YL AS AM AL

Parent/Guardian Name(s):

Address: City: Zip Code:

Phone: Email:

Emergency Contact:

Phone:

Please cut out form and send completed form and check to: Warren Youth Soccer Camp % Kara Pinkerton 130 Warrior Drive Vincent, OH 45784

Field GPS Address: 10340 State Route 550, Vincent, OH 45784

Waiver and Acknowledgement

I, the parent or guardian of the participant(s) named on this registration form, hereby acknowledge that the participant(s) are in good physical condition and are capable of strenuous physical activities. I further waive Warren Schools, employees and staff of such and all volunteers associated with the Warren Soccer Youth Camp from any and all liability that may occur as a result of an injury that arises from participation in the Warren Youth Soccer Camp. I understand that all medical expenses will be paid by the participant's family insurance and/or the participant's family. I also authorize the use of pictures of the participant(s) to be used on the WHS soccer social media platforms.

Parent/Guardian Signature