

Medical Waiver and Release
Winfield Warrior Soccer Camp



Camper's Name _____

My child is in good health and has my permission to participate in camp activities. If I cannot be reached in the case of an emergency, I hereby give permission to the physician selected by the camp staff to secure proper treatment for the above named child. In the event of injury or illness to the above camper name, I hold harmless the Winfield School District and any of the camp's staff, employees or sponsors. If your child has any medications, allergies, etc. that the camp staff needs to be aware of, please inform Coach Pulvirenti, camp director

Parent/Guardian Name (Please Print):

Parent/Guardian Signature:

Insurance Company:

Policy Number:

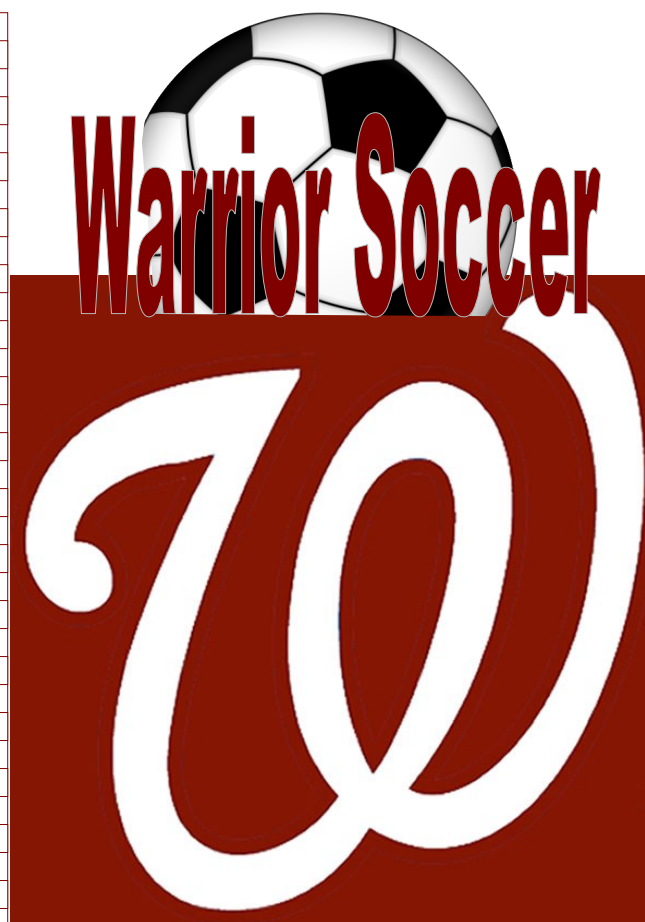
Winfield Warrior Soccer Camp

Winfield High School

3920 East Highway 47

Winfield, MO 63389

Warrior Soccer



2015 Winfield Soccer Camp

Camp will be conducted at:

Winfield High School Soccer Field

Dates: July 20~23

Time: 8:00 ~ 10:00 AM

Due: May 22nd

Warrior Boy's and Girl's
Skills & Team Camp

2015 Winfield Soccer Camp

Dear Summer Camp Participant:

Thank you for your interest in our camp as well as our soccer program here at Winfield High School. We are extremely proud of the program we are establishing and want you to be apart of it!

- Coach Pulvirenti

Pride in the Program!



Warrior Soccer

Team & Skills Camp

Who:

The camp is open to all incoming 9th, 10th, 11th, and 12th grade boy and girl soccer players.

What:

This camp will place a large focus on the individual skills necessary to become a successful soccer player. Further this camp places a focus on the team concepts necessary to become a successful soccer program.

Where:

Winfield High School Soccer Field
- practice field behind the high school

Camp Fee:

\$25.00

- Includes camp t-shirt

Staff:

WHS Coaches

Camp Director:

Todd Pulvirenti

Winfield High School

Head Boys Soccer Coach

Email: Toddpulvirenti@winfield.k12.mo.us

Phone: 618-531-4532

ENROLLMENT FORM

- Please provide the information requested below and sign the accompanying waiver. Return along with payment to the address on the back of the brochure.

- ALL CHECKS SHOULD BE MADE PAYABLE TO WINFIELD HIGH SCHOOL.

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

School and Grade Level (2015-2016): _____



Shirt Size:
(circle one)

Adult: S, M, L,
XL

