

# Pre Season Soccer Camp

The Pittsford Recreation Department is sponsoring a Pre-season Summer Camp for boys & girls entering grades 3<sup>rd</sup> - 12<sup>th</sup>. College of St. Joseph's Men's Head Coach John White will be administrating the camp at the Pittsford Recreation Area, August 2, 3 & 4-Times 5:00 - 8:00 pm. This camp is open to kids who live in the Rutland North East Supervisory Union and outlying areas.

Each day will include skill sessions, physical fitness drills, and live games. Camp will emphasize proper soccer techniques and attitude in an effort to better the player's game & character.

**Participants will be divided appropriately  
by age and skill level.**



**Fee: \$25 per child  
(Includes free swimming at the Rec Area after workouts)  
Free soccer ball & t-shirt  
free shirts/balls while supplies last!  
YOUR DEADLINE TO REGISTER IS July 29.**

**Please complete this registration form and return to the Pittsford Recreation Department!**

NAME of PARENT/LEGAL GUARDIAN: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES OR CONDITIONS WE SHOULD KNOW ABOUT?: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_

All programs are available on a first come, first serve basis. Early sign-up assures placement. With the proper fees you may bring your form into the Town Offices Mon-Wed 8 am-4:30 pm, Thur: 8 am-6 pm & Fri 8 am-3 pm, you can also mail it, or drop in the After-Hours Drop Box located near the exit of Town Offices parking lot.

**PLEASE READ CAREFULLY**

**Release:** I understand there are risks of physical injury in participating in sports and recreational activities. I hereby release the TOWN OF PITTSFORD, its employees, and agents from any liability or personal injury, or loss or damage to personal property which I or my child may experience in connection with activities sponsored by the Pittsford Rec. Dept. I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider ones own health, experience, and tolerance for risk before participating in any Recreation program.

X  
Signature of parent or Legal Guardian

Date: \_\_\_\_\_