

**The Seventh Annual  
MANUAL CRIMSON  
Girls' Championship Soccer Camp  
JULY 10, 12, 13, 14, 2010  
(6 – 9 PM Daily)  
Manual Stadium**

**Goals of the Camp:**

1. Increase technical skills and tactical knowledge
2. Learn mental preparation for competition
3. Discover secrets of obtaining college scholarships
4. Instruction by college coaches, current and former players
5. Have fun and learn to increase your focus

**Location:** The back of Manual Stadium

**Costs:** \$90 per player – includes T-shirt

**Insurance:** Proof of medical insurance required

**Equipment Needed:** Shin guards, cleats or turfs, water bottle, sunscreen, soccer ball (not required)

**Eligibility and Ages:** Any female player - 6<sup>th</sup> – 12<sup>th</sup> grades

**To Register: Return this application along with your \$90 check made out to: Girls' Championship Soccer Camp, Attention Rick Underwood, 2720 Lamont Road, Louisville, Kentucky 40205**

**Questions: 459-7324**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**School Grade (10-11)** \_\_\_\_\_ **School attending (10-11):** \_\_\_\_\_

**T-shirt Size:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**HEALTH AND BEHAVIORAL GUIDELINES**

I, the undersigned, submit my child is physically fit to participate in strenuous athletic activity and waive Jefferson County Public Schools, Dupont Manual High School, and the Crimson Soccer Camp Staff of any and all responsibility for injury or illness. I, hereby authorize the directors of the camp to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide the camp with proof of medical and accident insurance. I also understand that my payment is nonrefundable and nontransferable under any circumstances. I understand that any camper who does not abide by camp facility rules or regulations is subject to dismissal without reimbursement or recourse.

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**SIGNATURE OF PARENT OR GUARDIAN**

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