

IN CASE OF EMERGENCY

Telephone:

Father Home _____ Mother Home _____

Father Work _____ Mother Work _____

Father Pager/Cell _____ Mother Pager/Cell _____

If parent cannot be reached who may be call?

Name _____ Phone _____

Relationship _____

INSURANCE INFORMATION

Insurance Co. _____ Policy # _____

PLEASE COMPLETE AND CHECK ONE OF THE FOLLOWING:

I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical emergencies. I understand that an attempt will be made to reach me by phone. In the event that I cannot be reached, I give permission to such treatment as will be deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician or nurse).

I authorize limited care as follows: _____

I, _____ declare that I am the Father/Mother/Guardian of the above minor.

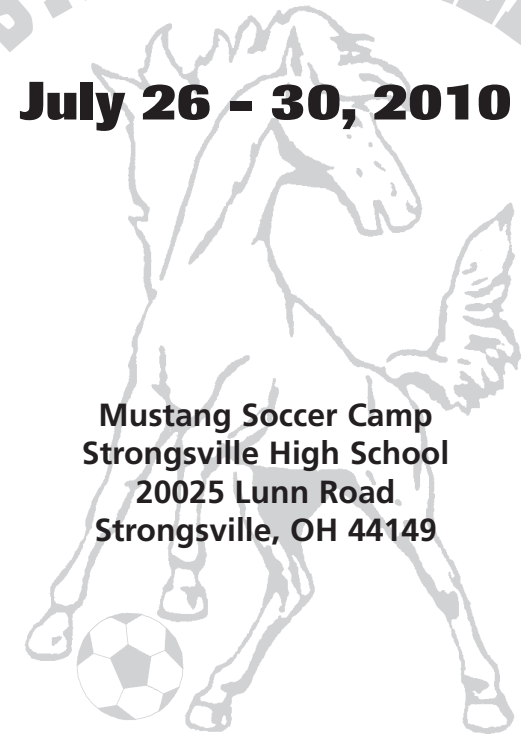
Signature _____ Date _____

20th Annual

Mustang Soccer Camp



July 26 - 30, 2010



**Mustang Soccer Camp
Strongsville High School
20025 Lunn Road
Strongsville, OH 44149**



**STRONGSVILLE MUSTANGS 1997 BOYS DIVISION I
OHIO HIGH SCHOOL STATE CHAMPIONS
1991, 2006 & 2009 STATE SEMI-FINALIST**

MUSTANG SOCCER CAMP INFORMATION

Age: under 5 thru under 14 **BOYS ONLY**

Cost: \$90.00 prior to July 15th
\$100.00 after July 15th

Date: July 26 - 30, 2010

Time: 9:15 - 11:15 a.m.

Location: Strongsville High School Main Practice Field
behind High School

- Camp Features:**
- Qualified Coaching Staff
 - Proven Soccer Training Methods
 - Camp T-Shirt, Soccer Ball,
Sack Pack & Water Bottle
 - Contests and Prizes

Camp Director: Tobey Cook
SHS Boys Varsity Head Coach
USSF "A" & National Youth License
OYSA-N. USYSA Region II ODP Staff Coach

Assistant Directors: J. R. Muth
USSF National "D" License

Les Szabo
SHS Boys Assistant Coache
USSF National "B" License

Staff May Include: Jim Synk - Baldwin Wallace
Andy Synk - Baldwin Wallace
Jeff Tidd - University of Pittsburgh
Scott Marguglio - Ohio State
Brian Donnelly - Cleveland State University
Chad Kulchar - Tiffin University
Dan Kmetz - Calvin University
Michael Green - University of New Mexico
Current Members of Boys Varsity Soccer Team

Special for 2009: Travel Players, Boys and Girls looking for
specialized small group training will be
grouped by age for a high level intense
training environment with our High School
staff.

**PLEASE COMPLETE BOTH THE FRONT AND BACK
OF THIS FORM AND RETURN TO:**

Mustang Soccer Camps
20667 Chestnut Drive • Strongsville, OH 44149
440-238-1305 (Coach Cook)
440-567-4516 Cell
E-mail: cook@strongnet.org or
tobeycook@sbcglobal.net

Player's Name _____ Age _____

Address _____ City _____ Zip _____

Phone _____ Email _____

**CONFIRMATION WILL BE SENT APPROXIMATELY
TWO WEEKS PRIOR TO CAMP**

MAKE CHECK PAYABLE TO: **MUSTANG SOCCER CAMP**

<i>For Office Use Only</i>	Date Received _____ Amt. _____ CK# _____
	Bank _____ Conf. Sent _____

PARENTAL CONSENT/EMERGENCY MEDICAL FORM

In order to enable the Strongsville High School Athletic Training Staff to provide prompt medical care for your child, we request that you read and sign this consent form. In this way we can ensure that there will be no delay in getting proper treatment for your child.

– PLEASE PRINT –

Parent or Guardian's Name _____

Name of Minor _____ Birthdate _____

Any allergic reactions _____

Present medication, if any _____

Date of last tetanus toxoid _____

Any past medical history that would be helpful if treatment is necessary _____

OVER →