

DUTCH TOUCH  
SOCCER CAMP



Tecumseh Recreational  
Soccer Club

Presents

DUTCH TOUCH SOCCER DAY CAMP

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**Where:** Green Acres Park

**Cost:** \$140

**Registration Deadline:** July 1, 2010 (no exceptions)

**When:** Monday, July 19 to Friday, July 23, 2010

**Time:** 10 am to 3pm

Training staff will include soccer coaches from the Netherlands, U.S.A, and Canada. Training will include fun-oriented activities that are intended to stimulate the curiosity and excitement of the players. This week is for non-competitive players. **Space will be limited to the first 100 players and registration includes a ball and T-shirt.**

Please fill out the registration form and mail it with a cheque payable to Tecumseh Recreational Soccer Club (TRSC) to the address:

Tecumseh Recreational Soccer Club  
13300 Tecumseh Road East, P.O. Box 234  
Tecumseh, ON N8N 4R8

If you have any questions, please e-mail Helen Grigorakis through the TRSC's website: [tecumsehsocketclub.org](http://tecumsehsocketclub.org)

Please bring lunch, water bottles, shin guards, and soccer shoes.

All campers must come Sunday, July 18<sup>th</sup>, 2010 from 12 pm to 2 pm to the St.Clair Beach Optimist Centre (formerly the Teen Action Centre) at Green Acres Park to sign in and get their ball and t-shirt.

Please complete the following:

Player's name: _____	Age: _____
T-Shirt size (Circle one): Youth S M L	Adult S M L
Home Phone: _____	Work Phone: _____
Parent's Name: _____	
E-mail: _____	Team: _____

Insurance and Medical care:

Waiver of liability and disclaimer: To induce Tecumseh Recreational Soccer Club (TRSC) accept registration and permit participation in training activities by the named individual, I, the parent/guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless TRSC, its coaches, and representatives, from any claim rising out of injury to the named individual. I also hold harmless TRSC, its coaches, and representatives, from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs.

Emergency Authorization: I, the undersigned parent/guardian of the participant, a minor, hereby authorize the coaches of TRSC to secure all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care, which he/she may deem necessary. I, the undersigned parent/guardian of the participant certify that my child is physically fit to attend this training.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_