# 2019 LIVONIA UNIFIED



# SOCCER CAMP

At Churchill High School



DATE: Monday, June 24 – Thursday, June 27, 2019

**TIME:** 9:00am - 11:00am

SITE: Livonia Churchill Turf Stadium Field

**COST:** \$75.00 (Checks made payable to Livonia Stevenson High School)

**GRADES:** 3<sup>rd</sup> – 9<sup>th</sup> (Incoming 9<sup>th</sup> graders welcome)

Boys and Girls Welcome! Players will be divided by age and skill level.

<u>Please complete the bottom portion of this form, and return it to:</u>

ATTN: Livonia Unified Soccer Camp Stevenson High School Athletics 33500 6 Mile Road Livonia, MI 48152

### CAMP DIRECTORS

## Matt Grodzicki

Livonia Churchill Varsity Boys, Head Coach

# Ken Shingledecker

Livonia Stevenson Varsity Boys & Girls, Head Coach

### ADDITIONAL STAFF MEMBERS

Nick Atwood, Madonna University Women's Asst Coach Kelly Capoccia, Madonna University All-American Current Soccer Players from CHS & SHS

Any questions, please contact: Churchill Varsity Head Coach, Matt Grodzicki  $\sim$  megrodzicki@yahoo.com

## 2019 LIVONIA UNIFIED SOCCER CAMP REGISTRATION

Player Name:						
Current School		_ Gr	ade	e:		
Parent/Guardian Phone:						
Parent/Guardian Email:						
Please circle adult t-shirt size: YS	YM	YL	S	M	L	XL

### **LIABILITY WAIVER**

I hereby and herein authorize the Directors of the Livonia Unified Soccer Camp, or any staff working on camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my son or daughter. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp in the event the same is performed pursuant to such standard. By my signature hereunder, I warrant that my son or daughter is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the soccer camp. I also represent that my son or daughter has received a physical within the last year and is medically competent to participate in the activities at the camp.

Signature of Parent or Guardian: