

**CFD SKILLS AND AGILITY 2ND
ANNUAL SUMMER CAMP 2010
AT DUNLEVY FIELDS**

Camp Director: Tommy Cameron

Phone 724 469-6501 email: tc18_98@yahoo.com

Coaching Experience:

Over 15 Years of coaching
Charleroi High School Men's Soccer
Victory under 13 & 17 boys Soccer
CFD under 13 & 17 boys Soccer

Playing Experience:

W&J College
- 4yr starter & letter winner
- 2 time all Pac 1st & 2nd team
- 2 time Pac player of the week
Ringgold
- 4yr starter, 2 time all section
- 2 time all wpial, & 1 time all state
- 54 career goals

Camp Coaches

Jim Rue:	Charleroi High School Women's Soccer
Tara Stottlemeyer:	Charleroi High School Women's Assistant
George Watkins:	Charleroi High School Men's Soccer

July 19th-22nd 6:00-7:30

Age groups U6 – U14

Cost: \$35 per child

Make check payable to: CFD SOCCER

**Mail to: Tracy Ames
5 Stevens Way
Charleroi, Pa. 15022**

CHILDS NAME: _____

AGE GROUP: _____

T-Shirt Size: _____

PHONE #: HOME _____ **CELL** _____

ALL PARENTS ARE REQUIRED TO FILL OUT A MEDICAL RELEASE FORM.

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of players Birth ____ / ____ / ____ Date of last Tetanus Booster ____ / ____ / ____

Known allergies of this player, including any allergies to medicine: _____

Any other medical problems which should be noted: _____

Family Physician _____ Phone (____) _____ - _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____ (F) _____

Person responsible for charges (If different from above) _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____ (F) _____

Person to notify if parent/guardian is unavailable _____

Phone (H) _____ (W) _____ (F) _____

Insurance Carrier _____ Policy # _____

Signature of Parent/Guardian _____

PLEASE NOTE: This form no longer needs to be notarized