

Lady Falcon Girls Soccer Camp ~ June 11-14, 2018

The camp will begin Monday, June 11, at 8:00 am. Campers should report to the field at Skyview by 7:45. You will see the registration table set up. This camp is for girls entering Kindergarten to 8th grade. The camp will run from 8:00 am to 9:30 am for Kindergarten through 4th Grade, and 10:00 am to 11:30 am for 5th Grade through 8th Grade – Monday through Thursday, June 14. Each camper will receive a cool camp shirt!

| Registration: | |
|----------------------|---------|
| First Participant | \$65.00 |
| Add'l Family Members | \$45.00 |

Goal: To instill a love of soccer and HAVE FUN! The emphasis will be on fundamentals and proper techniques. The athletes will learn these skills not only through drill and skill stations, but through games, activities and competitions.

Staff: The coaching staff will consist of high school girls soccer players and their coaches.

Questions/Comments/Concerns: Call Cameron Icenogge at (406) 671-9270, email him at icenoggec@gmail.com, or visit us online at www.ladyfalconsoccer.com.

Misc. Information: Wear comfortable clothing, appropriate shoes (soccer cleats are NOT required), and shin guards (REQUIRED). Bring a ball with the camper's name on it, a water bottle and be sure to have your camper apply sunscreen!

Lady Falcon Girls Soccer Camp Application

Camper's First Name _____ Last _____

Date of Birth ____/____/____ E-mail _____

Phone _____ Address _____

City _____ State _____ ZIP _____

Grade in Fall: K 1 2 3 4 5 6 7 8 T-Shirt Size: YS YM YL AS AM AL

Previous Soccer Experience (YSA, Micro.) _____

Parent/Legal Guardian Name _____ Phone _____

Secondary Emergency Contact _____ Phone _____

Health History: Please list any medical conditions that you feel the coaches and staff need to know about, such as allergies, medications, special diets, or injuries.

Permission/Waiver

Lady Falcon Soccer Camp is an event promoted by Big Sky Ballin' ("BSB") for the benefit of the Lady Falcon Soccer Team ("LFST"). BSB has my permission for the above-named minor to participate in the camp activities. In the event of an emergency and I cannot be reached, I grant permission for emergency medical treatment to be administered to the above-named participant. I release BSB, LFST, and the Camp Director for responsibility for any bills or liabilities resulting from injuries in this program. I understand photos will be taken and used for camp advertising. I understand that a full copy of the waiver for this program can be found at www.bigskyballin.com/waiver, which is incorporated herein by reference.

Parent Signature _____ Date _____

Return completed form and check payable to Big Sky Ballin' to:
Big Sky Ballin' – Lady Falcon Soccer Camp
325 Lincoln Lane #7
Billings, MT 59105

