

Emergency Info

Players Name: _____

Health Insurance # _____

Person to contact in case of Emergency:

Parent/Guardians Name (if under 18):

Emergency contact Number:

Relationship to player:

Family Doctor: _____

Telephone number: _____

Is the player allergic to any drugs? If so what? _____

Does the player have any other allergies (ie, bee sting, dust etc) _____

Does the player suffer from any serious illness (please check)

1. Asthma..... 2. Diabetes..... 3. Epilepsy..... 4. Other.....

Is the player on any regular medication, if so what? _____

Any other relevant information you think the camp staff need to know about your child?

Signature.....

.....

Date.....

FOR FURTHER INFO

CONTACT:

Carl Horton

MHYSC CLUB HEAD COACH

OSA COURSE INSTRUCTOR

CSA NATIONAL 'B' LICENSE

PROVINCIAL 'B' LICENSE

PROVINCIAL 'PRE B'

ENGLISH FA CERTIFICATE

ENGLISH FA JUNIOR

MANAGERS AWARD

NSCAA REGIONAL

DIPLOMA

ASSOCIATES DEGREE IN

SPORTS SCIENCE

TEL:

905-318-1933

EMAIL:

chorton@mhysc.org

CLUB WEBSITE:

WWW.MHYSC.ORG

2010 SUMMER
SOCCER CAMPS
HOSTED BY MHYSC



**SUMMER SOCCER CAMPS
ARE HOSTED FOR BOTH
MALE AND FEMALE
SOCCER PLAYERS,
PLAYING HOUSE
LEAGUE SOCCER AND
COMPETITIVE SOCCER.**

EXPERIENCE THIS
SUMMER'S MOST
EXCITING SOCCER
CAMPS

CAMP DATES AND TIMES	House League Camp	Competitive Camp
July 12-16, 2010. 9am-12 noon	\$120	\$150
July 26-30, 2010. 9am-12 noon	\$150	\$180
	MHYSOC PLAYER	NON MHYSOC PLAYER

All Camps held at Macassa Park

** Please complete the "Registration Form" below and return it with the following:**

1. A cheque, money order, or bank draft is to be made payable to M.H.Y.S.C. All registrations will be processed according to date of cheque. **WE DO NOT ACCEPT CASH! NSF CHEQUES ARE SUBJECT TO A \$25 FEE**
2. Separate registration forms and payments must be submitted for each player.
3. Completed registration forms will be processed in order of receipt and the MHYSC is not responsible for undelivered mail. **NO POST DATED CHEQUES ACCEPTED**
4. Withdrawals from the program must be made in writing to the club prior to 2 weeks before camp start date and will be subject to a \$25 administration fee. No refunds will be processed after 2 weeks prior to camp start date.

Mail to: MHYSC, 9 Dallas Ave
Hamilton, ON L8V 2E2

Registration includes the following:

Camp T-shirt
15 hours of soccer education
Lots of fun for every level of player.

Players should bring the following to camp:

Plenty of water
Sun Screen
Correct soccer attire
Snack
Rain gear incase of inclement weather

FOR MORE DETAILS ON THE CAMP PLEASE CONTACT

Carl Horton
(905) 318-1933

chorton@mhysc.org



2010 Camper registration

Player name: _____

Address: _____

Email: _____

Telephone #: _____

Male/Female: _____

Date of Birth: _____

MHYSOC player: YES__ No__

Camp you wish to attend: _____

Current level of play: _____

House__ Select__ Rep__

**ACKNOWLEDGEMENT, ASSIGNMENT,
TRANSFER & RELEASE**

In the course of this activity that is open to the public, photographs or other recordings may be taken or made of the player to whom this registration form pertains. I give approval thereto including, but not limited to, the placing of photographs in publications (incl. Website). I hereby assign and transfer to the MHYSC any rights including copyright .In soccer, as in all sports, a player may be injured as a result of his/her participation. I hereby accept the risk of injury to the player to whom this registration pertains and hereby release and forever discharge the MHYSC from any and all claims, causes of action or demands for personal injury or damages however arising as a result of or as a consequence of the player to which this registration pertains participating in the program and activities of the MHYSC.

I hereby further agree that the player to whom this registration pertains will abide by the rules and regulations of the Ontario Soccer Association, of the Hamilton & District Soccer Association and the MHYSC.

Parent or Guardian Signature

(Player signature if over 18) :
