



FHS SOCCER CAMP

JUNE 17-19TH, 2025

PLAYER NAME: _____

GRADE: _____

SHIRT SIZE (CIRCLE ONE): YOUTH: M L XL // ADULT: S M L XL

ADDRESS: _____

PARENT NAME & PHONE NUMBER: _____

EMERGENCY CONTACT & PHONE NUMBER: _____

DOCTOR NAME & PHONE NUMBER: _____

I UNDERSTAND THAT THIS ACTIVITY IS VOLUNTARY AND MY CHILD'S PARTICIPATION IS NOT MANDATORY. IN CASE OF EMERGENCY, THE SUPERVISOR ON SITE HAS MY PERMISSION TO OBTAIN MEDICAL TREATMENT FOR MY STUDENT. I UNDERSTAND THE FREEMAN SCHOOL DISTRICT DOES NOT PURCHASE OR HAVE MEDICAL/DENTAL/HOSPITALIZATION INSURANCE TO COVER ANY INJURY WHILE PARTICIPATING AT THIS EVENT.

PARENT SIGNATURE: _____ **DATE:** _____

DOES YOUR CHILD TAKE ANY MEDICATIONS? _____

DOES YOUR CHILD HAVE ALLERGIES? _____

INSURANCE POLICY: _____ **POLICY NUMBER:** _____



**Train with the Freeman
High School State
Champions Soccer
Team!**

**Open to grades 1-8, boys
and girls**

**5:30-7 PM each night on
the soccer field**

**\$40 Registration fee,
and includes a FHS
Soccer t-shirt (if
registered by 6/4/25)**

**Please return this flyer
to the Freeman High
School front office by
6/15/25**

COACH DAVE ELLIS

Dellis1251@gmail.com

(509) 879-0290