

2023 STEINBRENNER WARRIOR SOCCER CAMP



Youth Soccer Skills & Fundamental Camp

Come have fun with members from both the Varsity Boys and Girls Soccer Team! Learn the fundamentals of soccer with specific training on techniques and skills. Campers will be grouped so that all athletes will be challenged during all skills training and competition. We welcome all playing abilities.

*** If you are new to the sport, we will help you out!!!

*** If you are wanting to learn new skills, we have you covered!!!

*** If you just want to keep your skills sharp during the off season, this is the perfect camp for you!!!

Camp Information

Entering Ages: 5-13 Co-Ed (grouped by age and ability)

Camp Dates: June 26-29TH

July 17-20TH

Camp Times: 9:00am – 1:00pm

Cost: \$150.00 Registration (Includes T-shirt and evaluation)

Location: Steinbrenner High School

5575 W Lutz Lake Fern Rd

Tampa, FL 33558

***All campers should bring a bag lunch to camp. A small concession area will be open during the day with items for sale at nominal cost.

*** Each camper will receive an evaluation feedback form and a camp t-shirt to wear on their last day of camps.

Upon receipt of the registration form below and payment, we will email Emergency Contact/Medical Forms and Consent Forms. All forms will need to be mailed back or brought to the first day of camp. There will be NO exceptions regarding paperwork.

For questions, please contact Head Steinbrenner Soccer Coach, Shannon Aitken:
Shannon.aitken@hcps.net

ALL CHECKS NEED TO BE MADE OUT TO SABC (STEINBRENNER ATHLETIC BOOSTER CLUB)

Please neatly fill out and return to: Steinbrenner High School 5575 W. Lutz Lake Fern Rd. Lutz, FL. 33548
Attn: Shannon Aitken

CIRCLE CAMP ATTENDING **JUNE 26-29TH** **JULY 17-20TH**

Camper Name: _____ Age: _____

School: _____

Address (street, city, state, zip): _____

Parent/Guardian: _____

Phone numbers: #1: _____ phone #2: _____

Please circle a shirt size: Youth M Youth L Adult: S Adult M Adult L Adult XL

Parent Signature: _____ Date: _____

Best email address (neatly written please) on the line below: this email address will be used to send the medical release form.

Email address: _____

*****Administrative Below*****

Date Received: _____ Payment type Check # _____ or Money Order _____

Cast _____ Received by: _____

School District of Hillsborough County

MEDICAL RELEASE FORM

This form is used to record parental permission for medical and surgical treatment in case medical concerns arise during a field trip.

We, the undersigned as the parents and legal guardians of

This form does NOT have to be notarized

Print Student's Name

hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by any qualified physician selected by agents or officials of the Hillsborough County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures which may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STATE OF FLORIDA, COUNTY OF

SUBSCRIBED and sworn to before me, a Notary Public, this day of , 20 .

Notary

Medical Insurance Company Policy #

Student's Address Phone:

Date of Birth

Father Home Phone:

Business Business Phone:

Mother Home Phone:

Business Business Phone:

Family Physician's Name Phone:

Address City State

Allergies or Special Conditions

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

☐ Copy to office Date

☐ Original is retained by teacher and taken on the field trip.

Form SB77501 revised 08/16/02