



# 1<sup>ST</sup> ANNUAL S & B SOCCER GOALIE CAMP

**ELKHORN HIGH SCHOOL HEAD COACHES, TROY STOLLER AND MIKE BAILEY, WILL BE TEACHING THE IMPORTANT TECHNICAL SKILLS THAT WILL HELP ALL GOALIES BE SUCCESSFUL IN THE GOAL.**

**WHEN: MON 7/13 – TUE 7/14, 6:00PM-8:00PM**  
**WHERE: EHS SOCCER STADIUM, ELKHORN HIGH SCHOOL**  
**WHO: ANY BOY OR GIRL 6 YEARS – 8<sup>TH</sup> GRADE ('09-'10)**  
**COST: \$50 T-SHIRT INCLUDED**

**CONTACT INFO - EMAIL – [TSTOLLER@EPSNE.ORG](mailto:TSTOLLER@EPSNE.ORG)**

**PLEASE SEND REGISTRATION TO: TROY STOLLER  
 20017 ELKHORN RIDGE DR.  
 ELKHORN, NE 68022**

**NAME: \_\_\_\_\_ GRADE/AGE: \_\_\_\_\_**

**PHONE #: \_\_\_\_\_ EMAIL \_\_\_\_\_**

**T-SHIRT SIZE (CIRCLE ONE) YS – YM – YXL – AS – AM – AL**

**Release Form:** In consideration at the acceptance of this application for registration, I (we) waive and release any and all rights and claims for damages against the Camp Directors and coaches, and the Elkhorn Public Schools, and/or its representatives and/or assignees, for any and all damages which may arise out of traveling to, participation in, or returning from the camp. I also understand the camp directors retains the right to use for publicity and advertising purposes photographs and video of players taken during the camp. I (we) understand any player who does not abide by camp rules may be dismissed from the camps with no refund.

In the event of illness or injury, I (we) will be responsible for any medical and other charges in connection with my child's participation in this camp (if there are any restrictions on his participation please explain on separate sheet.) I (we) certify that my child is covered by medical insurance. If medical attention is required for injury or illness while at the camp, I give my permission for such medical care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_