

SUMMER 2023
SOCCER CAMP
WITH MRS. CARTER

Come to Soccer Camp to see if you're interested in being on the 2023-24 TMA Soccer Team. OR, just come to have fun! We will hold drills, have scrimmages and play games.

TIME

8:30 - 11:30 a.m.

CAMP DATES

Monday - Friday, July 17 - 21

FOR STUDENTS CURRENTLY IN GRADES

3rd - 7th

(during the 2022-23 school year)

COST

\$125



Please complete registration form on reverse side.

The Montessori Academy Edison Lakes, 530 East Day Road, Mishawaka, IN 46545
574-256-5313 * www.tmael.org

2023 Soccer Camp Registration Form

Child's Name _____ () Male () Female

Child's Birthdate _____ Child's 2022-2023 Grade Level _____

Parent/Guardian Name _____ Signature _____

Please indicate which week(s) your child will attend and return this form to The Montessori Academy front office, no later than May 31st, with check payable to: The Montessori Academy

_____ JULY 17-21

\$125

Office Use

pd. \$ _____ ck# _____

date _____ staff initials _____

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

Parent/Guardian's Contact Information

Address _____

City/State/Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

Alternate Phone _____ Email _____

Emergency Contact Information

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

Authorization and Consent for Medical Treatment

Child's Name _____

In the event that I am unable to be reached, I hereby authorize Mrs. Carter to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Printed Name _____

Printed Name _____