

# Scots

## SOCCER CAMP

Open to students entering  
grades K to 8 in fall of 2022

**MON., AUGUST 1ST TO  
THUR., AUGUST 4TH, 2022**



**When:** 6:00pm - 8:00pm (Check in 5:50-6:00pm)

**Where:** David Douglas High School Stadium Field

**Cost:** \$25.00 (Includes a t-shirt)

**Instructors:** DDHS Coaches and Athletes

### **NEW AND EXPERIENCED PLAYERS ARE WELCOME!**

Athletes do not need to attend a DDS school. All are welcome.

- Please wear athletic clothing, shin guards & cleats.
- Please bring a soccer ball with your name written on it in permanent pen if you have one.
- Please bring a water bottle.

### **SEND PRE-REGISTRATIONS TO**

David Douglas High School, c/o Amy McQueen,  
1001 SE 135 th Ave, Portland OR 97233

OR David Douglas School District, c/o Suzie Albin  
11300 NE Halsey Ave, Portland OR 97220

# OR

### **REGISTER THE FIRST AFTERNOON OF THE CAMP**

Complete the registration on the  
back of this form and bring between  
5:30pm & 6:00pm

# DAVID DOUGLAS SOCCER CAMP REGISTRATION FORM

I give my permission for \_\_\_\_\_ to participate in the Scots Soccer camp at David Douglas High School.

Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**T-SHIRT SIZE (CIRCLE ONE): YS YM YL AXS AS AM AL AXL**

Does your child have a health condition or food allergy we should know about?

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## Medical Coverage:

It is understood by the parent/guardian of the participant that David Douglas School District does not pay for medical expenses related to injury, or provide medical or accidental injury insurance coverage. Therefore, the parent/guardian will provide for the participant in the following way:

- I/we wish to purchase student accident insurance (contact your school secretary)
- I/we have purchased 12 month student insurance for the 2021-2022 school year and it is still in effect.
- We have a family plan, name of company \_\_\_\_\_

I agree to allow my child to participate in this camp without limitations, and hereby waive the right to any claims resulting from injury against David Douglas School District, it's coaches and players. I understand that any expense as a result of accidents, medical, hospital, ambulance service or emergency services incurred on behalf of the student will not be covered by David Douglas School District. I understand further that there may be expenses in addition to what the insurance will pay, and acknowledge my responsibility for those expenses.

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