

\$100

# Saranac Soccer Camp

9AM-12PM

July 1-July 5

Grades 1-12

## CAMP DIRECTORS

**Amber Liberty**

[aliberty@saranac.org](mailto:aliberty@saranac.org)

518-645-2665

**Renee Castine**

[rcastine@saranac.org](mailto:rcastine@saranac.org)

518-578-5805



Location:  
Morrisonville  
Elementary  
School

Name: \_\_\_\_\_ Grade Entering in Fall 2024: \_\_\_\_\_

Shirt Size: Y-S      Y-M      Y-L      A-S      A-M      A-L      A-XL

**Guardian Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Information:**

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child have allergies?  
Yes/ No: Explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions?  
Yes/ No: Explain: \_\_\_\_\_

\_\_\_\_\_

Does your child take and medications?  
Yes/ No: Explain: \_\_\_\_\_

\_\_\_\_\_

If so, see the back of this paper.

I understand that anyone associated with Saranac Soccer Camp is not responsible for accidents incurred as a result in participation with this program. The applicant is in good health and able to participate in the physical activity of a vigorous program. In the event of illness or injury Saranac Soccer Camp has my permission to provide healthcare:

Signature: \_\_\_\_\_

- Return this form and payment to Renee Castine at SES, Heather Bergevin at MES, or mail to Renee Castine 18 Pickett's Corners Road Saranac, N.Y. 12981 with payment by May 10, 2024, to get a t-shirt!!!
  - Checks made to: Saranac Booster Club

## CAMP INFORMATION

**T-shirt:** Each camper who registers before May 10<sup>th</sup> will receive a camp T-shirt.

**Camper Drop Off Times:** Parents dropping off their child/children may do so at 8:45 a.m. Please do not drop your child/children any earlier, as there will be no supervision.

**Camper Pick Up Times:** Parents should pick up their child/children promptly at 12 p.m. There will be NO supervision after this time.

**Campers should bring:**

\*A soccer ball- size 3 for grades 1 & 2, size 4 for 3-6, and size 5 for grades 7-12.

\*Cleats/Shin guards

\*Sunscreen

\*Water Bottle

\*Extra Socks, extra t-shirt, and warm clothes (if needed)

\*Sneakers (in case the group goes inside)

\*Snacks/ Snack Money

Note: Campers will be going out in all weather conditions unless there is a driving rainstorm, or it is lightning.

## MEDICAL PERMISSION RELEASE

**Complete this section only if your child is taking medication at Saranac Soccer Camp.** If your child needs to take medication at the camp, this section must be completed and an order from your doctor. It will be your responsibility to deliver the medicine to the camp in the original, sealed container.

\_\_\_\_\_ (Child's name) has been prescribed \_\_\_\_\_ for the condition of \_\_\_\_\_.

He/She should be given a dose of \_\_\_\_\_ at \_\_\_\_\_.

The above child understands the purpose and appropriate method and frequency of use of the medication/inhaler. If applicable, we request the child be permitted to carry the inhaler on his/her person as we consider him/her responsible.

Parent' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please have a copy of the order with this form when turned in or Fax Emily Brown at 518-565-5890.

Additional Comment: \_\_\_\_\_

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