

# Bulldog Soccer Academy

## Morning Camp at Grimes Sports Complex

750 James Street Grimes, IA

July 29-31 9-11:30am

Boys and Girls Ages 6-12 \$50

Join coaches and players of the Drake Women's soccer team for three mornings filled with soccer skills, games and tournaments. This camp is designed for the **recreational level** camper. Campers will be taught proper technique through small-sided games and contests. All activities will be arranged in a fun, safe and skill appropriate environment. Campers should wear shin guards and sunscreen and bring a ball and water.



### Sample Camp Schedule

9am	Camp Warm-up
9:30am	Skill Training
10:20am	Popsicle Break
10:30am	Small-sided Games
11:30am	Camper Pick-up



**BULLDOG SOCCER ACADEMY**

### Register for Camp

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Age during camp \_\_\_\_\_  
Name of team \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Known Allergies \_\_\_\_\_  
Medications taking \_\_\_\_\_  
Date of last tetanus shot \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Emergency Phone \_\_\_\_\_

Send Registration to:

Bulldog Soccer Academy  
2507 University Avenue  
Des Moines, IA 50311



### Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes and Bulldog Soccer Academy, their employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes and Bulldog Soccer Academy, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date