



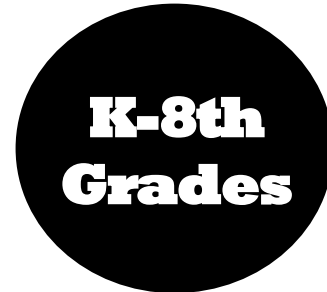
# Gladiator Youth Soccer Camp 2023



**Boys and Girls!**

The Gladstone Gladiator's Girls and Boys Soccer programs are hosting a K-8 soccer camp. Current, former players, the coaching staff, including Head Coaches **Anna Heuberger** and **Ryan Hardwick**, and guest coaches will be hosting athletes in an effort to have fun & build soccer skills within our community.

- **Emphasis on Fundamentals**
- **Competitive Contest and Games**
- **All Players receive a Camp T-Shirt**



**Tuesday - Thursday 8/1/23 - 8/3/23**

- **Kinders:** 9:00 AM - 10:30 AM Tuition \$30
- **1st - 8th Grade:** 9:00 AM - 11:00 AM Tuition \$40

*Cost Includes a GHS Camp T-Shirt! All Proceeds are a fundraiser for the programs.*

## Registration Form

Mail to: Gladstone Community Education & Recreation  
 17789 Webster Rd (Office Address)  
 Gladstone, OR 97027  
 Ph (503) 650-2570 or (503) 655-2777  
 Fax (503) 655-5201  
 Make Check Payable to GLADSTONE SCHOOL DISTRICT

Payment: Check  Credit Card  Cash

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Incoming Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Email address \_\_\_\_\_ Emergency Contact/Phone# \_\_\_\_\_

Please not any medical problems we should be aware of \_\_\_\_\_

**RELEASE FORM** In consideration of my participation (of my said child) in the aforementioned activities, I (we) waive and release any and all rights (as permitted by law) and claims for losses and damage that I (we or our child) may have against the City of Gladstone, its officers and employees and the Gladstone School District 115, arising in any way from (the said) participation, (of our child). This release shall be binding upon our representative, successors and assigns. In the event that (my child) may require(s) emergency medical treatment while participation in the aforesaid activities of the Gladstone Recreation Department/Gladstone Community School, I hereby authorize (my said child to receive) all necessary emergency medical treatment as may be necessary under the circumstances then existent. Unless otherwise noted in the space below, local ambulance service and Providence Willamette Falls Hospital will be used. In the event that my child may require emergency medical treatment while participating in this activity, I authorize the School District and its agents to secure the help of a medical services provider and to incur the expenses for medical services recommended by the medical services provider, and I will provide for the payment of these expenses.

If you wish another hospital used, please so note. \_\_\_\_\_

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