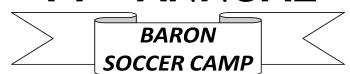


## 11th ANNUAL





Monday, June 17; Wednesday, June 19; and Friday, June 21; (Rain date, Monday, June 24) DATES:

TIMES/COST: 6:00 P.M. to 7:30 P.M. Pre-K to Grade 1 \$50.00

Grades 2 through 8 6:00 P.M. to 8:00 P.M. \$50.00

LOCATION: **Buckeye Valley High School Stadium** 

We welcome all young Barons, boys, and girls, from Pre-K to grade 8. In addition to the fun and the instruction from the Baron soccer coaches and players, participants will receive the official camp t-shirt (Please register by May 17, 2024, to guarantee a t-shirt).

Please make checks payable to FRIENDS OF BV SOCCER. Completed registration forms and payment must be postmarked by May 17, 2024, and mailed to Baron Soccer Camp, 461 Sires Run, Ostrander, Ohio 43061. Payment may also be sent by Venmo to @Deb-Booher (Please include your child's name in the memo). If questions arise contact booher.soccer.9@gmail.com.

## **CAMPER INFORMATION**

PARTICIPANT NAME:	GRADE (Fall 2024):				
T-SHIRT SIZE (Circle One): YS YM YL AS AM AL SCHOOL ATTENI	DING:				
PARENT/GUARDIAN NAME(S):	E-MAIL:				
ADDRESS: TELEPHONE:					
CITY:	STATE: ZIP:				
PLEASE LIST ANY MEDICAL OR OTHER CONCERNS OF WHICH WE SHOULD BE AW	ARE:				

representatives shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by a participant and his/her family in or about any programs on the premises, inclusive of transportation. Participants and their parents/guardians assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/parent/guardian/family member does hereby fully and forever release, discharge, and hold harmless Baron Soccer Camp and their representatives, Buckeye Valley School District, and their employees and representatives, all associated facilities, and its employees and agents from any and all claims, demands, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities.

## CONSENT

I, the undersigned parent or guardian	, do hereby grant auth	ority to the staff of	the Baron Soccer	Camp to render	judgment con	cerning medical
assistance or hospital care in the ever	nt of an accident or ill	ness during my abse	nce.			

SIGNATURE:	INSURANCE CARRIER:	POLICY #:	