



# Pike High School Boys Soccer Summer Camp

**WHERE:** Pike High School Soccer Fields  
**WHO:** 2007-08 School Year 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> Grade Boys  
**WHEN:** June 9th – 13th, 2008  
**TIME:** 5:00 To 7:00 p.m.  
**COST:** \$40\*\*Free for Pike Youth Soccer/Indy Burn Members\*\*  
**STAFF:** Rob Jordan: Head Varsity Coach  
Asst. Coaches: Avery Preddie, Theron Smith,  
Kevin Valenti and Current Varsity Players

**CAMP FEATURES**  
\*Fun While Learning and  
Playing Soccer  
\*Soccer Camp T-Shirt  
\*Individual Instruction  
\*Soccer Fundamentals  
\*Scrimmage Sessions  
\*Awards and Prizes

**INCOMING FRESHMEN MAY AND OR ENCOURAGED TO ATTEND THIS CAMP.**

Detach The Bottom of This Form And Return With Fee To:

Robert Jordan  
3950 W. 56<sup>th</sup> Street  
Indianapolis, IN. 46254  
280-2406 RLJORDAN@pike.k12.in.us

Make Checks Payable To: Robert Jordan \*\*Free for Pike Youth Soccer/Indy Burn Members\*\*

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Camper's Name \_\_\_\_\_ Grade (07-08 School Year) \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ School Attended \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Special Information: Medical or Injuries \_\_\_\_\_  
T-Shirt Size (Circle One): Adult Size S M L XL  
Equipment needed: Soccer ball, soccer shoes, shin guards and water bottle.

Waiver: I understand when signing this form that I release all parties of this camp, all MSD Pike Township employees and facilities, and all others associated with the provision of summer sports camp from liability as a result of injury while participating in a Pike Sports Camp in or on MSD Pike facilities. My signature is also a declaration of my child's good health. I grant permission in the case of any emergency for my child to receive medical treatment and if necessary transport to a local hospital. I also agree to accept responsibility for all expenses for injuries that may occur during camp activity.

**Camp Waiver Agreement(s)**

I understand and accept all of the separate waiver agreements above.

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(Parent or Guardian Signature)

(Date)