



Date:

Time:

Place:

Cost:

Grades:

Coaches:

- Highlights:**
- Outstanding Soccer Instruction
 - Technical training
 - Tactical training
 - Camp Tee Shirt
 - 3 v 3 Competition
 - Skills Competition

Special Notes:

**Detach and return with Remittance:
Shamrock Soccer Camp Application (July 8th thru July 11th) Camper Information:**

Participant: **Age:**

Street Address: **Grade in Sept 2024:**

City:

State: **Zip Code:** **Phone:**

T- Shirt Size: (Circle One)

Parent or Guardian Information:

Disclaimer:

I _____, Parent or Legal Guardian of _____,
(Please Print) (Print participant’s name)

Hereby certify that my child has my permission to participate and that they are covered by personal health/accident insurance. I further certify that I will not hold Trinity High School or the Camp staff responsible or liable for any injury incurred.

Signature of Parent or Legal Guardian: _____

Email Address: _____ Cell Phone: _____

Application due date: 6/28/2024

Makes checks payable to: Trinity High School
****PLEASE NOTE; Shamrock Soccer Camp**
Information: terrymull@thsrocks.us

Return to: Trinity High School
3601 Simpson Ferry Rd
Camp Hill, PA 17011