



**Bishop Hartley Boys Soccer**  
**Skills Clinic & Futsal Tournament**

**Date:** Saturday, August 3<sup>rd</sup>, 2019      **Time:** 8am-11am

**Location:** Dick Geyer Gymnasium & The TACC (on the campus of Bishop Hartley)

**Cost:** \$30 per individual

**Who is eligible to participate:** Boys entering grades 3 – 8

**Agenda:** All players will take part in a skills clinic. This session will be led by the Bishop Hartley Coaching Staff focusing on the areas of dribbling, passing, and ball control.

Teams will be created and then assigned a coach who will lead them throughout the futsal tournament. Futsal is similar to indoor soccer but is played with boundaries and uses a smaller and heavier ball to focus on ball skills. Teams will compete in round-robin play against other teams of similar ages.

Name of Player \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade in 19.20 \_\_\_\_\_

Grade School \_\_\_\_\_ Parent Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

Names of players coming to the camp you would like to be on a team for the futsal tournament:

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY MEDICAL FORM

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under our authority, when parents or guardians cannot be reached.

Emergency Contact Name \_\_\_\_\_

Relationship to player \_\_\_\_\_

Emergency Cell Number \_\_\_\_\_

I hereby give consent for the following medical care providers and local hospital to be called:

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent of (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted, I have listed below:

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

To register by mail, finish the camp application and make a check out to Bishop Hartley Boys Soccer for \$30. You can also register on-line at

<https://forms.diamondmindinc.com/bishop-hartley/sportscamps?token=290801674>.

Please mail this completed brochure and check to:

Bishop Hartley High School

Head Coach Christopher Kowalski

1285 Zettler Road

Columbus, OH 43227

Please email Coach Kowalski at [ckowalsk@cdeducation.org](mailto:ckowalsk@cdeducation.org) if you have any questions.

**Follow the Hartley Soccer Family on Twitter @HartleySoccer**