



Monterey Trail High School Mustang Athletics

MEN'S SOCCER

WHEN: MONDAY, TUESDAY, THURSDAY JUNE 15-JULY 23 – NOT JULY 2nd or 6th.

TIME: 6:00 – 8:00 PM, Thursday's at Sheldon 5:00 – 8:00 PM (Varsity Only)

WHERE: MONTEREY TRAIL HIGH SCHOOL (except Thursday)

WHY: The Men's Soccer Development Camp instructs the motivated student/athlete interested in playing high school soccer at Monterey Trail.

FOCUS: Learning and practicing proper technique and reducing the risk of injury when participating in high school soccer.

COST: \$20.00 (Turn in registration to MTHS Athletic Office)
▪ Make checks payable to EGUSD

REGISTRATION: Fill out and sign Medical, Insurance and personal information located on the back of this flyer and return with payment. Parents need not be present to register.
Forms are available at MTHS Athletic Office

BRING: Cleats, Running Shoes, Shin guards, water

CONTACTS: Jonathan Strack, Head Men's Soccer Coach – jstrack008@yahoo.com
Rick Arcuri, Athletic Director (688-0070)

SKILLS TO BE COVERED: Soccer Skill Development, Strength Training & Conditioning

**MONTEREY TRAIL SOCCER
Development Camp Registration Form**

Elk Grove Unified School District
Community Education Office
8401 Gerber Road. Sacramento. CA 95828

TO BE COMPLETED BY PARENTS/GUARDIANS:

YES! Enroll my child in the MONTEREY TRAIL SOCCER Development Camp

Where: Monterey Trail High School

When: Mon-Tue June 15-July 21 – not July 2nd or 6th.

Enclosed is the registration fee of \$20.00

MAKE CHECKS PAYABLE TO: ELK GROVE UNIFIED SCHOOL DISTRICT (E.G.U.S.D.)

For more information call Coach Jonathan Strack – jstrack008@yahoo.com or Coach Arcuri at 688-0070

Student's Name _____ **Upcoming Grade :** _____

Birth Date: _____ **Grade Point Average** _____

Parent's/Guardian's Name(s) _____

Street Address: _____ **City** _____

Zip Code _____ **Home Ph#:** _____ **Emergency Ph #** _____

PARTICIPANT MEDICAL INFORMATION AND RELEASE:

Please list any medical information pertaining to your son/daughter's physical abilities:

Medical Insurance Carrier: _____ **Policy#** _____

Name of Doctor: _____ **Phone #** _____

I give permission for my son/daughter to participate in this program and certify that to the best of my knowledge and belief, he/she is in good physical condition and hereby release the Elk Grove Unified School District and the volunteers of the Monterey Trail Soccer Camp of any liability. I understand that the district takes appropriate steps to protect my child from injury but DOES NOT provide accident medical insurance for this program. Therefore, in case of injury or illness, please indicate action to be taken. Choose A) or B) only:

A). _____ I authorize the Monterey Trail Soccer Camp providers to make arrangements for my child to receive medical care.

B). _____ I choose only the following action to be taken: _____

Signature of Parent or Guardian _____ **Date** _____