

Parent Permission and Release of Liability

The undersigned parent, guardian, or legal representative, hereby, consents to the participation of _____ (name of child) in the Bartram Trail Soccer Camp and all associated activities. For and in consideration of the child being allowed to participate in this camp, other valuable consideration, the undersigned parent, guardian, or legal representative on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, do hereby release and hold harmless the Bartram Trail Soccer Camp and camp staff, all organizers of this camp, all volunteers, chaperones, employees, and agents of the said parties, and their personal representatives or assigns from any loss or damage on account of any injury to the person or personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above stated camp and any activities of the camp. The undersign expressly agrees that this release, wavier, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian, or legal representative further acknowledge that he/she is authorized to enter this agreement on behalf of the child, child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this camp to obtain medical treatment for my child in the unlikely event of injury or illness during this program, and I agree to pay any expenses incurred for such treatment.

Parent, Guardian, Representative Signature

Date



Bartram Trail High School

7399 Longleaf Pine Parkway

St. Johns, FL 32259

(904) 547-8340

BT Bears Soccer Camp 2017

Junior Camp: July 17—20

9:00 AM—12:00PM Rising 2nd-5th Grade Boys

Camp: July 17—20

9:00—12:00 PM Rising 6th-9th Grade Boys

Cost: \$85

See You at
Camp 2017!

BARTRAM TRAIL BEARS SOCCER CAMP 2017



Junior Camp: July 17-20

9:00AM—12:00 PM

A soccer skills camp for boys entering grades 2-5 in fall of 2016.

Cost: \$85

Camp: July 17-20

9:00AM—12:00PM

A soccer skills camp for boys entering grades 6-9 in fall of 2016.

Cost: \$85

Contact Information:

Coach Michael Weflen

(904) 599—0376

mike .weflen@stjohns.k12.fl.us

ABOUT BT BOYS SOCCER

Bartram Trail Bears Soccer Camp is directed by Coach Michael Weflen. Coach Weflen has been a soccer coach at Bartram Trail for 12 seasons.

The Bartram Trail Bears soccer program has had much success over the past seasons. The Bears have competed well in very competitive districts since the school opened in 2000. The program has 1 district title 4 runner-up titles with 5 post season appearances in the state tournament.

Campers will be instructed by soccer coaches as well as Bartram Trail varsity soccer players.

Past Seasons

- 2014-2015 : District Runner Up
- 2008-2009: District Runner Up
- 2007-2008: District Runner Up
- 2002: State Final Four Appearance



CAMP-JULY 17-20

9:00AM—12:00 PM

- Rising 2nd—9th Grade Boys
- Campers will learn and develop basic soccer fundamental skills through advanced technical skills (age appropriate)
- Players will be grouped by age and skill level
- Advanced players will focus on tactical skills as well
- All campers receive a camp t-shirt

COACHING STAFF

- Michael Weflen
 - 12 years Bartram Head Coach
 - 2 years Assistant Coach BT
 - 1 year Assistant Coach Anderson University
- Cameron Crandall
 - 2 years Head JV Coach BT
 - Florida Elite Staff
- Fernando Duffo
 - 7 years Nease Assistant Coach
 - 3 years BT Assistant Coach/Lead Goal keeper Coach
 - Florida Elite Goalkeeper Trainer
- Bartram Trail Upper Classmen Players

Cost is \$85 per camper

REGISTRATION FORM

Make checks payable to Bartram Trail Soccer Mail registration and check to:

Michael Weflen, Bartram Trail High School,
7399 Longleaf Pine Parkway,
St. Johns, Florida 32259

Camper: _____

Parents : _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

School: _____

Grade in fall of 2016: _____ Age: _____

Email: _____

Insurance Company: _____

Policy Number: _____

Select a T-shirt Size:

Youth M: _____ Youth L: _____

S: _____ M: _____ L: _____

- **Please complete this section and mail in with payment.**
- **Online Payment also accepted.**

Camp Dates: July 17—20, 9am-12pm

Cost: \$85

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