

# 2019 GOLDEN GUSTIE YOUTH CAMP

JUNE 13-14 SESSION #1

JUNE 20-21 SESSION #2

GRADES: 3-8

\$60 PER CAMPER PER SESSION

## WHAT TO BRING:

- CLEATS & TENNIS SHOES
- SWIMMING TRUNKS & TOWEL
- SNACK

## ITINERARY:

8:30 - DROP OFF AT HOLLINGSWORTH FIELD

9:00 - SKILLS/DRILLS/FUNDAMENTALS

10:15 - SNACK BREAK

10:30 - GAMES & SKILLS CHALLENGE

11:30 - SWIMMING POOL

12:30 - PICK UP AT HOLLINGSWORTH FIELD

FOR MORE INFORMATION CONTACT:  
PETER HAUGEN, HEAD COACH  
GUSTAVUS ADOLPHUS COLLEGE  
PHAUGEN2@GUSTAVUS.EDU  
507-933-7660

MAKE CHECKS PAYABLE TO:  
GUSTIE FOOTBALL CAMPS  
800 WEST COLLEGE AVENUE  
SAINT PETER, MN 56082

PLEASE DETACH FORM AND MAIL ALONG WITH PAYMENT:

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ GRADE (ENTERING FALL OF 2019) \_\_\_\_\_

T-SHIRT SIZE (CIRCLE):      YL S M L XL

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

PARENT/GUARDIAN CELL # \_\_\_\_\_

## SESSIONS ATTENDING:

SESSION #1 (\$60) \_\_\_\_\_

SESSION #2 (\$60) \_\_\_\_\_

IN CASE OF EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTIONS AND ANESTHESIA FOR MY CHILD. I WILL BE FINANCIALLY RESPONSIBLE FOR ALL MEDICAL CLAIMS FOR MY CHILD. A RECENT PHYSICAL EXAMINATION FOR MY CHILD INDICATES NO REASON HE/SHE SHOULD NOT PARTICIPATE IN ACTIVITIES AT THE CAMP.

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