



TECUMSEH RECREATIONAL SOCCER CLUB PRESENTS

DUTCH TOUCH SOCCER CAMP

DATES	COSTS	TIME	WHERE
1 WEEK: JULY 6 - 10	\$175	10:00AM - 3:00PM	Green Acres Park, Tecumseh
2 WEEKS: JULY 6 - 10 & JULY 13 - 17	\$300	Daily with a break for lunch.	

Training will include fun-oriented activities that are intended to stimulate the curiosity and excitement of the players. This grouping is for non-competitive players. Spaces are limited to the first 150 players registered. Registration fee includes a ball and a t-shirt. Please fill out the registration form and mail it along with a cheque payable to **Tecumseh Recreational Soccer Club** to the following address:

Tecumseh Recreational Soccer Club
13300 Tecumseh Rd. East, P.O. Box 178
Tecumseh, ON N8N 4R8

ONLINE REGISTRATION AVAILABLE
tecumsehsoccerclub.org/dutch-touch-soccer-camp

Please bring a lunch, water, shin guards and soccer shoes. All campers must come to the St. Clair Beach Optimist Centre (formerly the Teen Action Centre) on Sunday, July 5, 2026 between 12:00PM - 2:00PM to sign in and pick up their ball and t-shirt. Please complete the form and submit it with your registration:

Player's Name: _____ DOB: _____ Sex: MALE FEMALE

Session (Circle one): **1 WEEK** (July 6 - 10, 2026) **2 WEEKS** (July 6 - 10 & 13 - 17, 2026)

T-Shirt Size (Circle one): **YOUTH:** X-SMALL SMALL MEDIUM LARGE X-LARGE
ADULT: SMALL MEDIUM LARGE X-LARGE

Home Phone: _____ Work Phone: _____

Parent/Guardian's Name: _____

Email: _____ Team: _____

Insurance and Medical Care waiver of liability & disclaimer: To Insure the Tecumseh Recreational Soccer Club (TRSC), accept registration and permit participation in training activities by the named individual, I, the parent/guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless TRSC, its coaches and representatives from any claim rising out of injury to the named individual. I also hold harmless TRSC, its coaches and representatives from any claim rising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs. Emergency Authorization: I, the undersigned parent/guardian of the participant, a minor, hereby authorize the coaches of TRSC to secure all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care, which he/she may deem necessary. I, the undersigned parent/guardian of the participant certify that my child is physically fit to attend this training.

Parent/Guardian's Signature: _____ Date: _____