

## Rose-Hulman Men's Soccer

### Camp Registration Form:

**Please Print all information and return with payment to:**

Coach Helliwell Rose Men's Soccer  
5500 Wabash Avenue CM 41  
Terre Haute, IN 47803

#### Player Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Grade in Fall \_\_\_\_\_

Club Team \_\_\_\_\_

Position \_\_\_\_\_

Shirt Size \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

#### Parent/Guardian Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

## Rose Prospect Camp CIRCLE YOUR DATE CHOICE

**Dates:** Saturday June 13th, 2026  
Saturday July 11th, 2026

**Venue:** Turf Soccer Field on Campus

#### Schedule:

9-9.30am: Check in at SRC

10-11.45am: Practice at Turf SF

Noon -1pm: Lunch in Union

1-1.45pm: Info Session in SRC

2-4.30pm: Games at Turf SF

**Cost:** \$100. Make checks payable to  
Rose Men's Soccer

**Lunch and Rose T-Shirt provided**

**WHO:** Rising HS Juniors + Seniors

#### Contact:

Head Coach Sean Helliwell  
helliwel@rose-hulman.edu  
(812) 877-8461

## Release on Medical Treatment

In consideration for my son's participation in the 2026 Rose-Hulman Institute of Technology (RHIT) Prospect Camp, I hereby agree and promise that I will not hold Rose-Hulman Institute of Technology or its employees responsible for any loss, damage, or personal injury that he/she may occur as the result of participation in the camp.

Camper Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

In case of emergency, contact me at the following phone number(s):

work \_\_\_\_\_

cell \_\_\_\_\_

Home \_\_\_\_\_

#### Authorization of Treatment:

I hereby give permission to the trainer/physician selected by camp to provide the treatment for my child while attending the RHIT Prospect Camp

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

