

*Skipjack Soccer*  
**HS Soccer Fitness Camp 2011**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Grade (Fall 2011): \_\_\_\_\_ Age: \_\_\_\_\_

Skipjack Soccer Camps is pleased to offer a unique training opportunity to boys and girls high school athletes. The camp will be directed by Jaime Webster, Asst Coach, Men's Soccer, St. Mary's College of MD and former Head Coach, Varsity Boys Soccer, Northern High School. The camp will provide players with training to prepare for the fall season. Each session will be designed to improve an individual's fitness both on & off the ball.

\_\_\_\_\_ **Monday, August 1<sup>st</sup> – Friday, August 5<sup>th</sup>**      Fitness Camp      **\$75.00**

Camps to be held at Northern High School from 6:00 p.m. - 8:00 p.m.

**Checks made payable to Skipjack Soccer.**

**Registration form and payment should be mailed to:**

**Skipjack Soccer  
Jaime Webster  
250 Carlyle Ct.  
St. Leonard, MD 20685**

For more information, please contact Coach Webster at (410) 586-1427 or [jwebster@northernsoccer.com](mailto:jwebster@northernsoccer.com).

**Skipjack Soccer**

I hereby grant permission for my child \_\_\_\_\_

*(Name of Participant)*

to participate in the Skipjack Soccer Camp Program. As parent/guardian, I assume full responsibility and understand all the risks associated with my child's participation in camp. I hereby waive any and all claims against camp staff and Skipjack Soccer Camps; I understand that any injury incurred by the participant while at the camp is solely my responsibility.

My child does not have any illness, disorder, or disability that would prevent him/her from participating in the Skipjack Soccer Camp Program, and he/she does not need any special accommodations. (If he/she does need special accommodations, please explain here.)

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

\_\_\_\_\_  
*Date*