

Skipjack Soccer

NHS Boys Soccer Team Camp & Fitness Camp 2010

Name: _____

Phone: _____ Alt Phone #: _____

Address: _____

Email: _____

Grade (Fall 2010): _____ Age: _____

Skipjack Soccer is pleased to offer two weeks of training to prepare for the upcoming fall season. 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. Staff members will have professional, collegiate and/or high school coaching experience. Each session will be designed to focus on technical and tactical skills needed to compete at the high school level and beyond.

_____ **Monday, July 26th – Friday, July 30th** NHS Boys – Team Camp **\$75.00**

_____ **Monday, August 2nd – Friday, August 6th** Fitness Camp **\$75.00**

Total _____

_____ **I will not be attending any of the training weeks.**

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 given to Coach Rossi at school by May 14th.

For more information, please contact Coach Rossi or call/email Coach Webster at (410)586-1427 or 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