

Big Island Soccer Academy



Summer Soccer Camps



Featuring:

University of Hawaii at Hilo Men's Soccer Coaching Staff and Student-Athletes

**Big Island Soccer Academy "Beginners Camp" – Hilo
June 24 to 27 2019**

Ages: 6-9 years old

Check Here :

Amalu Soccer Field – Hilo, HI

Monday, Tuesday, Wednesday, Thursday 8:00 am-10:00 am

Registration Fee \$ 90.00

**Big Island Soccer Academy "Advanced Camp" – Hilo
June 24 to 28 2019**

Age: 10-14 years old

Check Here :

Amalu Soccer Field – Hilo, HI

Monday, Tuesday, Wednesday, Thursday, and Friday, 11:30 am to 2:00 pm

Registration Fee* \$135.00

For more information please contact Terry by phone at (808) 640-0694, or via email at bigislandsocceracademy@gmail.com
Please make checks payable to Big Island Soccer Academy and mail completed forms and checks to: Big Island Soccer Academy, PO Box 5239, Hilo, HI 96720.

Name _____ Address: _____ City /State/Zip _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Age _____ Gender: Male / Female Position: Field Player _____

School/Club Team _____ Email address _____

Parent/Guardian Name _____

Health Insurance Carrier _____ Policy # _____

Name on Insurance Card _____

Please list any medical conditions _____

Big Island Soccer Academy - AGREEMENT TO HOLD HARMLESS

I agree to hold harmless, the Big Island Soccer Academy and all their employees, officers, and agents in the event of an injury occurring to my child _____ during their attendance at the event referenced by this agreement. I understand that my child will be participating in a program of physical activity, skills training, contact games and instruction, and evaluation in the sport of soccer. I recognize that participating in the activities has a certain amount of risk and that injuries are always possible. Injuries may include, but are not limited to, cuts, fractures, sprains, abrasions, and concussions. I certify that my child is physically able to participate in the above sports/activities. I promise to provide the camp with any other relevant medical information about my child. I assume full financial responsibility for medical expenses arising out of such injury in excess of any insurance provided by the camp. I hereby authorize the camp director and staff to act for me according to his/her best judgment in any emergency. Furthermore the law requires that parental permission be obtained for emergency operative procedures on minors. The parent should sign the following consent form so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission of such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child. By signing below, I agree to the aforementioned policy.

Parent/Guardian Signature _____ Date: _____