

Skipjack Soccer
HS Soccer Fitness Camp 2018

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, Assistant 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.

The HS Soccer Fitness Camp will be held Monday, July 30th – Friday, August 3rd at Northern High School from 6:00 p.m. - 8:00 p.m. The cost of the camp will be \$75.

Online Registration at www.skipjacksoccer.com

Mail-In Registration also available. If you have any questions, please contact Coach Webster.

Email: jwebster@skipjacksoccer.com Phone: 443-550-1118

Name _____

Grade (Fall 2017): _____ Birth Date _____ Gender _____ School _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Email _____

Emergency Contact _____ Phone _____

Medical Concerns _____

Insurance Company _____ Policy Holder _____

Insurance Policy Number _____

Mail-In Registration Information

Checks made payable to Skipjack Soccer

Mail Application Form and Payment to:

Skipjack Soccer - Jaime Webster

250 Carlyle Court

St. Leonard, MD 20685

The child/children named above has my permission to participate in Skipjack Soccer programs. I understand that camp participation may involve significant physical activity which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child's participation and release Patriot Soccer Camp, Skipjack Soccer LLC, Northern High School, Calvert County Public Schools, or any individuals thereof from all liability, claims, expenses and actions which may arise from injury or harm to the child as a result of camp participation. In the event of a medical emergency, I authorize Skipjack Soccer LLC to designate a physician, hospital, or emergency personnel to provide medical care to the child, and release Skipjack Soccer LLC from any liability for injury or harm to the child which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance. I understand the camp is not responsible for lost or stolen articles. I also understand the camp retains the right to use for publicity and advertising purposes photographs of campers.

Parent/Guardian Signature

Date