

HYAA SUMMER SOCCER CAMP

The HYAA Summer Soccer Camp will give Holmdel soccer players a head start for the HYAA season. The camp will provide age-appropriate instruction focusing on the fundamental skills of soccer. Players will have loads of fun, participating in different activities and games.

DATES/PLACE: Monday through Thursday August 10th – 13th (Rain Date August 14)
LOCATION: Cross Farm Park, Holmdel, NJ
AGES: Boys and Girls 4 – 12 years old. All skill levels welcome
HOURS: 5:00 p.m. – 7:00 p.m. 7 – 12 years of age (2nd – 6th grade)
5:00 p.m. – 6:00 p.m. 4 – 6 years of age (pre k – 1st grade)
PRICE: Full Session \$100 per camper (5 - 7:00 PM)
First Touch \$60 per camper (5 - 6:00 PM)
INFO PHONE: (732) 539-7208 **EMAIL:** mwoolston@mac.com

All campers provide their own snack, water bottle, shin-guards, and a soccer ball. Full payment is required with this form.

Mail Completed Form with Payment to:

Checks Made out to "HYAA" 4 Crawfords Corner Rd. Holmdel, NJ 0733

PLAYER'S FULL NAME: _____

GRADE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

Email: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

ANY PRE-EXISTING MEDICAL ISSUES WITH YOUR CHILD?

I hereby agree to let my child to participate in the sport of soccer. I understand there are certain risks of injury inherent in the practice and play of this sport as well as traveling and other related activities incidental to my participation and I am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport of soccer and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity. In addition, to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the camp staff, HYAA, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I understand that the staff will not perform invasive procedures of any kind nor be responsible for the disbursement of medications.

Legal Guardian Signature _____ Date _____

This Program is not endorsed by the Holmdel Township Board of Education