



## JUNIOR HAWKS SOCCER CAMP

- Where:** *Woodland Soccer Field*
- When:** *April Vacation Week (4/13-4/16)*
- Time:** *9:00 AM to 11:00 AM*
- Who:** *Boys and Girls in grades 4 - 7*
- Why:** *Sharpen your skills by practicing fun drills/games*
- Details:** *Presented by WRHS Varsity Soccer Players in association With Prospect Youth Soccer*
- Cost:** *\$15.00 per student*
- Sign Ups:** *Space will be limited so sign up quickly! Please return the attached registration form to the main office of your school by March 26, 2009*

**\*\*You must be a member of Prospect Soccer in order to participate.**

*Any questions, please call 758-3180*

**JUNIOR HAWKS SOCCER CAMP  
PLAYER INFORMATION**

Player's Last Name \_\_\_\_\_ Player's First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_

Home Phone# \_\_\_\_\_ Parent's E-Mail Address \_\_\_\_\_

**Parent or Legal Guardian**

If Legal Guardian, please check here \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Phone # \_\_\_\_\_ Mother's Phone \_\_\_\_\_

Please indicate if work, home or cell

**Emergency Contact Information**

Person to notify in an emergency \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate relationship to player

Doctor to notify in an emergency \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any medical conditions we should be aware of \_\_\_\_\_

**Waiver and Medical Consent(Minor). Please read and sign**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Prospect Soccer and its affiliated organizations and sponsors. I hereby release, discharge and/or otherwise indemnify Prospect Soccer, its affiliated organizations and sponsors and associated personnel, including the owners of the fields and facilities used for its programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the programs.

**CONSENT FOR MEDICAL TREATMENT.** As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Print Name of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_