



# SOCCER CAMP 2019

For Boys & Girls Ages 6-13



- Soccer Skills, Conditioning, Scrimmages & Teamwork
- Instruction and Coaching by the BOYS AND GIRLS TN State Champion Houston High School Coaches
- Small group, age appropriate activities
- \$200/camper/week

Monday, June 3 – Friday, June 7 9:00 am – 1:00 pm

HOUSTON MIDDLE SCHOOL SOCCER FIELD, 9400 Wolf River Blvd, Germantown, TN

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Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_

Address: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone # (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email address: \_\_\_\_\_

Referred by HHS Soccer Player: \_\_\_\_\_

Each camper must submit the attached permission form and waiver in order to participate.

Registration: [www.houstonmustangsoccer.com](http://www.houstonmustangsoccer.com)

Questions? Please contact Lynette Monk: [lynettemonk@yahoo.com](mailto:lynettemonk@yahoo.com) / 252-876-9077

# Parental Consent and Waiver Form

As the parent/legal guardian of this participant, I hereby grant permission for my child to participate in the Mustang Soccer Camp. In the event of illness or injury, we hereby authorize the representatives of the camp to obtain assistance from doctors, nurses or athletic trainers for medical, surgical or any other appropriate treatment for the above mentioned child.

The parent(s)/legal guardian(s) of the minor child/player listed below, and on behalf of their family, by signing this Mustang Soccer Camp Waiver form, hereby voluntarily release, waive, relinquish, and discharge the Mustang Soccer Camp, Houston High School, Houston High School Athletic Department, The HHS Soccer Booster Club, Shelby County Schools, and all affiliated organizations and their officers, coaches, athletes, directors, representatives, volunteers, and agents from any and all liabilities, claims, suits, actions, or causes of actions (whether anticipated or unanticipated) arising out of any and all actions, injuries, death, or damages of any nature incurred while participating in, or traveling en route to, and from the Mustang Soccer Camp. The terms of this release and waiver are applicable to all games and activities, and all off the field actions while participating in the Mustang Soccer Camp. The parent/legal guardian referenced below is solely responsible for providing for its own medical insurance for the players listed on this form and shall hold harmless the above organizations from any and all claims arising from their participation, whatsoever.

Child's Name PRINTED: \_\_\_\_\_

Parent/Legal Guardian Name PRINTED: \_\_\_\_\_ Parent/Legal

Guardian SIGNATURE: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_ Today's date: \_\_\_\_\_

Emergency contact's name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**\*NO PLAYER WILL BE ALLOWED TO PARTICIPATE IN THE CAMP WITHOUT A VALID WAIVER SIGNATURE ON FILE WITH THE MUSTANG SOCCER CAMP REPRESENTATIVE.**

**PLEASE LIST BELOW ANY AND ALL MEDICAL ISSUES THAT WE SHOULD BE AWARE OF:**

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