

ARROW

HS SOCCER CAMP



**For High School Boys Soccer Players
entering grades 9-12 Sept 2019**

July 29 - Aug 2 / Mon - Fri

5 Sessions - Space is limited
\$150 per player - \$25 late fee after June 1

Goffle Brook Turf Field, Hawthorne

Previous Special Guest Trainers:

Bibert Kaghado - Druzhba Maykop
Keith O'Conner - Fairleigh Dickinson
Samantha Hirsh - Ramapo College
Joseph Gyulay - Indian Hills HS
Luke Muller - Leonia HS
Kelly Conheeney - SkyBlue FC
Ashley Zap - Parisi Speed Training

Return waiver and payment to:

Arrow Sports
Attn: HS Boys Soccer Camp
53 Genevieve Avenue
Hawthorne, NJ 07506

All players receive a shirt and soccer ball

Monday

**10:15 Registration
10:30 Session**

TUES - FRI

10:30 Session

Report to ALL sessions

Questions or concerns:
CoachGyulay@gmail.com
973-819-4844

The camps are not under the auspices of any school district. Participation in the camp is not required for participation in high school sports. In case of inclement weather conditions, the Camp reserves the right to cancel all activities. The Camp will not provide a refund or credit for lost days.

Parental Waiver and Consent Form

I, the undersigned parent, acknowledge, agree and understand that:

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child’s participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child’s participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Waiver, Release of Liability and Indemnification Agreement

Event: 2019 HS Boys Soccer Camp **Dates:** July 29 - Aug 2 **Place:** Goffle Brook Turf Field, Hawthorne

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Athlete’s Name (PRINT)	9 - 10 - 11 - 12 Circle Grade on 9/2019	D.O.B.
Street Address (PRINT)	City	Zip

List any physical limitations (allergies, hearing, sight, etc.): _____

I hereby give permission for my child to participate in all camp activities. In case of emergency, I grant permission for my child to receive emergency treatment.

(Print) Guardian/Parent Name	Emergency Phone
Signature	Date: _____

T-Shirt Adult Size (circle 1): S M L XL

Return the entire form with payment (Checks can be made out to **Arrow Sports**)

Arrow Sports - Attn: **HS Boys Soccer Camp** - 53 Genevieve Avenue - Hawthorne, NJ 07506

Arrow Sports | CoachGyulay@Gmail.com | 973.819.4844
ArrowSports.net | @ArrowSportsNJ