

# **ARROW**

## **HS SOCCER CAMP**



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

**July 29 - Aug 2 / Mon - Fri**

**10 Sessions - Space is limited  
\$275 per player - \$25 late fee after June 1**

**Goffle Brook Turf Field, Hawthorne**

### **STAFF**

Indian Hills HS Coach **Joseph Gyulay**  
Indian Hills HS Coach **Anthony Kourtesis**

#### ***Previous Special Guest Trainers:***

*Coach Bibert Kaghado - Druzhba Maykop*

*Coach Abby Shiffler - Ramapo College*

*Kelly Conheeney - SkyBlue FC*

*Ashley Zap - Parisi's Speed Training*

#### **Return waiver and payment to:**

Arrow Sports

Attn: HS Soccer Camp

53 Genevieve Avenue

Hawthorne, NJ 07506

### **Monday**

**8:45am Registration**

**9:00am Session**

**4:00pm Session**

### **TUES - FRI**

**9:00am Session**

**4:00pm 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.*

**All players receive a shirt and soccer ball**

Arrow Sports | CoachGyulay@Gmail.com | 973.819.4844

ArrowSports.net | @ArrowSportsNJ

# 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 Girls Soccer Camp**      **Dates:** July 29 - Aug 2      **Place:** Goffle Brook 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.

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

**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.

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

**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 Girls Soccer Camp** - 53 Genevieve Avenue - Hawthorne, NJ 07506