



BOB REASSO SOCCER SCHOOL



HOLMDEL STALLIONS SOCCER CLUB AND THE BOB REASSO SOCCER SCHOOL

WHAT: ONE WEEK SUMMER SOCCER CAMP
 PHONE: 732-774-0058 WEB: www.holmdelstallions.org
 WEEK/PLACE: July 26-30, 2010 at Cross Farm Park, Holmdel, NJ
 AGES: Boys and Girls 6 to 17 years old. All skill levels are welcome.
 HOURS: 5:00 p.m. - 8:00 p.m.
 PRICE: \$175 per camper

Teams/groups of 10 or more receive one free camp registration – MUST REGISTER TOGETHER
 All campers receive a camp t-shirt. Campers provide their own snack, water bottle, shin-guards, and a soccer ball. Full payment is required in advance. No refunds once payment received.

Mail Completed Form with Payment to:

"Holmdel Stallions Soccer Club", 6 Aufra Place, Holmdel, N.J. 07733

NAME _____ TEAM AFFILIATION IF ANY _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE _____ DOB _____ EMAIL ADDRESS _____
 MOTHER'S NAME _____ FATHER'S NAME _____
 EMERGENCY CONTACT: _____ PHONE _____
 LIST ANY PRE-EXISTING MEDICAL CONDITIONS _____

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 Bob Reasso Soccer School, the camp staff, Holmdel Stallions/NJX, their officers, directors, 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 _____