

2018 RED WOLVES BOYS and GIRLS SOCCER CAMP



MONDAY JULY 23RD - WEDNESDAY JULY 25TH, 2017
ADD-ON GOAL KEEPER CAMP THURSDAY JULY 26TH
9:30 AM - 12:00 PM

Open to Boys and Girls K-8
(times subject to change depending on enrollment)

Clip here and save top section for the dates!

***Campers will receive t-shirts, snacks and drinks on last day*
BOYS and GIRLS GRADES K through 8th - JOIN US FOR FUN DAYS
OF SOCCER INSTRUCTION AND GAMES AT THE CEDARCREST**

**COST: \$75 3-DAY CAMP
\$90 4-DAY CAMP (INCLUDES ADD-ON GOAL KEEPER CAMP)
(Checks made payable to CHS)**

PROGRAM FEATURES:

- Campers will be grouped by age and skill level
- Individual player skills and Team Concepts will be taught
- Anticipated 5:1 Camper to Staff Ratio
- Daily Team Games and Competitions

REMEMBER TO BRING:

- Tennis shoes, turf shoes or soccer cleats
- Shorts, sweatshirt and warm-ups depending on weather
- Water Bottle with player's name on it
- Soccer ball with player's name on it (We have extras if needed)

Coached by the Cedarcrest High School Coaching Staff and
Red Wolves Women's and Men's Soccer Teams

**Register by completing the form below and the emergency form
on the reverse side of this flyer and return it with a check for
your session to the address at right.**

PLAYER NAME: _____

AGE: _____ GRADE IN FALL 2018: _____

TELEPHONE: _____

EMAIL (optional): _____

YOUR SCHOOL: _____

T SHIRT SIZE (circle) Youth S M L Adult S M L XL

Order forms need to be received by July 1st, 2017 in order to guarantee t-shirt size.

Mail your registration to:

Red Wolves Boys Soccer Camp
c/o Cesar Sanchez, Head Coach
Cedarcrest High School
29000 NE 150th St.
Duvall, WA 98019
Questions? Contact Coach Sanchez
sanchezc@rsd407.org
Coach Hickox
alex_hickox@hotmail.com

Emergency Medical Treatment Authorization - Please Print Clearly

Player Name _____

Parents/Guardian Name _____

Telephone _____ Cell Phone _____

Address _____

Parent/Guardians Work Phone _____

Insurance Company _____

Policy # _____

Family Physician or Health Care Provider _____

Physician/Health Care Provider Phone # _____

Preferred Hospital _____

Medical Conditions to be aware of _____

If, in the event of serious injury, your family physician or health care provider is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the coaching staff have your permission to seek medical attention from the nearest physician/health care provider? Yes _____ No _____
If your answer is "no" please specify procedure you wish the coaching staff to follow: ____

Participation in athletics can be a dangerous activity involving multiple risks of injury. Injuries can range from abrasions and bruises, to catastrophic injuries. Careful consideration should be given to the risks and dangers associated with athletics before making a decision to participate.

I/We, the undersigned, do hereby release, absolve, indemnify and hold harmless Cedarcrest High School, the Coaches, Player Coaches, Guest Coaches, and Volunteers from any liability during my/our child's participation in this basketball camp. I/We assume all risk and hazards incidental to my/our child's participation in this basketball camp.

Parent(s)/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____