



2017 Woodlands Area Soccer Camps

Camp #1: June 12-15 9:00-11:00am
Any Incoming 7th – 9th Girls

Fee \$100 per child

Camp #2: June 12-15 9:00-10:30am
Any Incoming Pre-K-2nd Girls or Boys

Fee: \$80 per child

Attire: Please have your child wear a light colored shirt, cleats, shin guards and bring a water jug. Sometimes sunscreen and bug spray are needed as well.

Camp Fees:

#1: 7th – 9th - \$100.00

#2: Pre-K – 2nd - \$80.00

Contact:

Dina Graves 936-672-3353
dinagraves@yahoo.com

Make checks payable to:

Dina Graves (cash/money order preferred)

Mail to:

The Woodlands Area Soccer Camp
Attn: Dina Graves
6101 Research Forest Drive
The Woodlands, TX 77381

DEADLINE for Mail-In Registration is:

Monday, June 5, 2017

****It is an additional \$10 for Late Registrants.**

Late Registration will be on the field the first day of camp.

REGISTRATION FORM:

Grade Level in Fall 2017: _____

Years of Playing Experience: _____

Current Level of Play: _____

Camper's Name: _____

Parent's Name: _____

Parent's Email Address: _____

Parent's Phone Number: _____

Camper's T-shirt Size:(circle one)

Youth - S M L Adult - S M L XL

CISD Camp Waiver:

Student's Name: _____

Activity: **Soccer**

In order for your child to be able to participate in the 2017 camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not cover insurance covering injuries your child may sustain. By my signature, I am informing CISD that I understand that the district is not responsible for any accident or payments resulting from such an accident. In the event of injury to your child, we recognize that CISD, its board of trustees, its agents, and its employees are in no way liable for injuries, medical expense or damage and will have no insurance covering your child. We have made the choice on behalf of our child without any interference from anyone serving or employed by CISD. Dated this ____ day of _____ 2017.

Parent Signature: _____

Camp Staff:

Dina Graves – The Woodlands HS Girls
Paige Jeanes – The Woodlands HS Girls
Teresa Sorrentino – The Woodlands HS Girls

Former High School TWHS Girls & Boys Players

Liability:

In the event of an emergency situation, I hereby authorize the Woodlands Area Soccer Camp staff to obtain medical attention for my child. I hereby waive and release both the WASC staff and CISD from any liability for the injury and/or illness that might occur while participating in this camp. I understand as an active participant in soccer that an accident or injury may occur.

Parent Signature: _____

Emergency Medical Contact: _____

Physicians Name and Number: _____

Please list any medical condition that we should be aware of: _____

* Please note that there is no trainer on site