

Lakeland Hawks Soccer Camp



Date: July 7th -10th

Location: Rotary Field (Next to Lakeland Middle School)

Time: 8am-10am

Cost: \$50 per player. All players will receive a Lakeland Hawks soccer T-shirt. All money goes toward the Lakeland High School Soccer Teams.

About the Lakeland Hawks Soccer Camp:

The camp is open to all players entering 5th-8th grade. Players will be divided by age and ability.

This camp will focus on the development of individual skills such as dribbling, defending, passing, shooting, and goalkeeping. Campers will participate in a variety of fun and challenging drills and games. Players will learn about teamwork, sportsmanship, tactics, and self discipline. **Please bring water and wear shin guards.**

This camp will be put on by Lakeland High School boys' and girls' soccer coaches with the assistance of Lakeland High School soccer players.

To register, fill out the information on the other half of this form and mail it to the address below. You may also register on the first day of camp but please email me so I can make sure we have enough t-shirts ordered.

Please send to:

Lakeland High School
Attn: Soccer
PO Box 69
Rathdrum ID 83858

Make Checks payable to: Lakeland High School

For more information contact Nick Haynes nhaynes@lakeland272.org

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Players Name: _____ Age/Grade: _____

T-shirt size (circle one) YS YM YL AS AM AL AXL

Parent/Guardian Name: _____

Address: _____

Phone# _____

Email: _____

Emergency Contact: _____

Phone # _____

Medical Release

Doctor's Name: _____

Doctor's Phone: _____

Allergies/Medical Conditions _____

*I hereby authorize my child's participation in Lakeland Hawks Soccer camp at Lakeland High School. I know of no physical, mental, emotional, or behavioral problems which may affect my child's ability to safely participate. The camp staff is authorized to attend to any health problem or injury my daughter/son may incur while attending camp. I understand that my daughter/son must have current and active medical insurance before he/she may attend camp and hereby confirm he/she does. Neither I, nor my daughter/son will hold Lakeland High School, Lakeland School District or any clinic employee liable for any Injuries/illnesses or expenses sustained while my daughter/son is at the clinic.

Parent Signature: _____ Date: _____