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S O C C E R

RIDGEWOOD HIGH SCHOOL

**WOMEN'S RHS SOCCER
CAMP**

JUNE 24-28TH

OPEN TO CURRENT 8TH - 11TH GRADERS

HELD AT STEVENS FIELD (FIELD SUBJECT TO CHANGE)

SESSION 1: MONDAY, JUNE 24 FROM 9 AM TO 12 PM

SESSION 2: TUESDAY, JUNE 25 FROM 9 TO 12 PM

SESSION 3: WEDNESDAY, JUNE 26 FROM 9 TO 12 PM

SESSION 4: THURSDAY, JUNE 27 FROM 9 TO 12 PM

SESSION 5: FRIDAY, JUNE 28 FROM 9 TO 12 PM

PETER KAY & WOMEN'S RHS SOCCER COACHING STAFF

NO REFUNDS DUE TO WEATHER

\$ 285 PER PLAYER

1ST 50 PLAYERS WILL RECIVE A STAINLESS STEEL WATER BOTTLE

PLEASE MAKE CHECKS PAYABLE TO: RHS WOMEN'S SOCCER BOOSTERS

MAIL TO: STACEY LOSCALZO AT 174 N. PLEASANT AVE, RIDGEWOOD, NJ 07450

***CAMP FEE COVERS FIELD RENTAL, GROUP INSURANCE, COACH AND TRAINER
SALARIES, AND EQUIPMENT**

IF COST IS AN ISSUE OR IF YOU HAVE QUESTIONS, PLEASE EMAIL:

PETER KAY

PKAY@RIDGEWOOD.K12.NJ.US

****CAMP IS NOT PRO-RATED FULL PAYMENT IS EXPECTED FOR ENTIRE SESSION**

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: High School Women's Soccer Camp Dates: June 24 - 28, 2019

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH PROVISION IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, AND I AGREE TO ABIDE BY ITS TERMS.

_____ (PRINT) Player Name
_____ (PRINT) Street Address
CITY _____ State _____ Zip Code _____

9th - 10th - 11th - 12th (Circle Grade in September 2019)

Player Date of Birth _____

Please list any physical limitations of player (allergies, hearing, sight, etc....):

(PRINT) Parent/Guardian Name _____

_____ Parent/Guardian Signature Date: _____

Emergency Phone Number _____

_____ Parent Email Address

RETURN THIS ENTIRE FORM WITH PAYMENT