HAMMOND ACADEMY OF SCIENCE AND TECHNOLOGY

2019 Middle School Summer Soccer Camp

Grades are based on 2019-2020 School Year
Monday, July 22nd – Friday, July 26th
Time: 5:00 p.m. - 6:30 p.m.
Location: 6947 Hohman Avenue in Hammond (Christian Life Center Field)
Individual Cost: $65

Each Camper Needs to Bring

Soccer Cleats
Soccer Ball
Water
Shin Guards
Appropriate Clothing
Sunscreen

Each Camper Will Receive

One-on-One Instruction
Foot Skills
Team Play
Team Strategy
Physical Exercise
Camp T-shirt

The Hammond Academy Coaching Staff and High School Soccer Players will perform camp instruction. Players will be placed in groups according to age. Any questions? Please contact Head Coach Nicholas Miljevic at nmiljevic@hammondacademy.org.

1. Participant Name_____

2. Age_____ 3. Gender_____ 4. Address_____

5. City_____ 6. Zip Code_____

7. School_____ 8. Phone# _____

9. In case of Emergency, notify:_____ 10. Phone#_____

_____

11. Youth T-Shirt Size: Small (6-8)_____ Medium (10-12)_____ Large (14-16)_____

Adult T-Shirt Size: Small_____ Medium_____ Large_____ X-Large_____

12. Email address (For any updates):

****Registration forms must be received by June 30th to guarantee a T-shirt.**

Write checks to: HAST Athletics. Be sure to include the name of the participant.
Send to: Hammond Academy of Science and Technology
33 Munich Court, Hammond, Indiana, 46320

Venmo app: @HASTSoccer. Be sure to include the name of the participant.

This camp is designed to teach boys and girls entering 6th, 7th, and 8th grade for 2019-2020 school year the technical fundamentals of soccer. All sessions will be coed. Instruction is centered on individual skills in dribbling, passing, shooting and team tactics. This camp is planned to be four days of instruction with the fifth day more of a fun day to test the player's skills (or, in case of rain, the fifth day will be used as a makeup day.

Hammond Academy of Science and Technology
SOCCER CAMP WAIVER

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all sports and any field related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity at Hammond Academy of Science and Technology, the Christian Life Center (CLC) field, and for any injuries which myself or my children/wards may sustain while on the premises of Hammond Academy of Science and Technology, or the CLC. I ensure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this clinic/camp.

I give permission for camp trainers and coaches or contracted health care to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

_____ _____

Participant's Signature (Parent/Guardian if under 18) Date