

# Golden Knights Soccer Camp 2017

**Come train with the HS coaching staff**

**WHERE:** Northern Valley High School at Old Tappan

**WHEN:** July 10-14, 2017 9am to 2pm Mon thru Thurs/9am to 12pm Friday

**AGES:** 6-16 years old/BOYS & GIRLS, first come, first serve basis, limited to 60 kids. **Sold Out Last Year!**

**COST:** \$200 if registered before April 1st, \$220 camp fee- per week/includes Camp Shirt/\$245 if registering after 6/15/2013

**CAMP DIRECTOR:** Mark Torrie-Head Coach NVOT High School –Boys Soccer

## Registration:

Mail registration with payment to **Mark Torrie - GKSC**, 36 Spring Street, Harrington Park, NJ 07640

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ Coach/Team \_\_\_\_\_

**I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL CAMP ACTIVITIES. IN CASE OF EMERGENCY, I GRANT PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY TREATMENT.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Shirt Size** (circle)    YS    YM    YL    AS    AM    AL    AXL

**PARENTAL WAIVER AND CONSENT FORM**

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 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 hereto, whether the result of negligence or any other cause.

\_\_\_\_\_

(Name of Child) (D.O.B)

\_\_\_\_\_

(Street Address) (City, State) (Zip)

Please list any Physical Limitations(allergies,hearing,sight,etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Parent's Name) (Parent's signature) (Date)

Speed Soccer dba GKSC

SOCCER

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