



# HOTSPUR F.C. TEAM SOCCER CAMP 2011



## TEAM PRE-SEASON TRAINING CAMP FOR FULL SIDED TEAMS U11 THRU U14

The Camp offers ideal preparation for the Fall season, providing its participants with the opportunity to develop and hone their soccer skills.

**Sportsmanship  
Skills Development  
Team Play**

**DATE:** Mon-Fri, August 22nd to August 26th

**TIME:** 9:00 am to 12:00 pm or 3:00 pm to 6:00 pm

CHECK WITH COACH FOR ALLOTTED TIME AND LOCATION

**Tuition for the week is \$175.00 per player**

*(Includes an ADIDAS soccer ball and 2 Hotspur team practice shirts)*

Please fill out this form in full and mail to the address below or present it at the beginning of the first day of Camp

Player's Name: \_\_\_\_\_ Male Female (please circle one)

Name of Parent/ Guardian (please print): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Coach: \_\_\_\_\_

I agree that anyone associated with Ramsey Hotspur Soccer Club will not be held liable or responsible for accidental, medical or dental expenses incurred as a result of participation at the Camp.

The above applicant is in good health and able to participate in physical, vigorous activities. In the event of illness or injury, the Camp administrators have my permission to provide emergency medical care.

**HEALTH HISTORY:** Please indicate on the reverse side of this form all known physical and mental conditions. Indicate if your child has not been immunized against diphtheria, tetanus, poliomyelitis, measles, pertussis, mumps and rubella. On a separate sheet list current medications, dosage, frequency, conditions for which medication is being issued, and authorizing staff to administer said medications.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to: **Hotspur F.C.**

Mail to:

P.O. Box 692  
Ramsey, NJ 07446