HOLMDEL FC & NJX
SCHOOL'S OUT SOCCER DAY CAMP

WEB: www.holmdelfc.org

Celebrate the end of the school year with our new HFC schools out day camp. Geared towards younger players, this camp is open to boys and girls ages 4 – 10. The camp is a great start to the summer for HYAA, and young HFC/NJX players. The camp will focus on all the key areas of development and have plenty of games the kids will enjoy.

DATES:	Monday through Thursday June 27 - June 30 2016 (Rain Date July 1)	
LOCATION:	Cross Farm Park, Holmdel, NJ	
TRAINERS	Matt Woolston, Nick Barron, Colin Schmetzer	
HOURS:	9:00 a.m. – 12:00 p.m.	7-14 years of age
	9:00 a.m. – 10:30 a.m.	4-6 years of age
AGES:	Boys and Girls 4 to 17 years old. All skill levels are welcome.	
PRICE:	Full Session $175 per camper (9:00 - 12:00)	
	Half Session $125 per camper (9:00 – 10:30)	
INFO PHONE:	(732) 538-7208	EMAIL: holmdelfc.njx@gmail.com

All campers provide their own snack, water bottle, shin-guards, and a soccer ball. Full payment is required with this form. No refunds once payment received.

Mail Completed Form with Payment to:

"Holmdel FC", 11 Maple Leaf Drive, Holmdel, N.J. 07733

NAME_____TEAM AFFILIATION IF ANY_____

ADDRESS_____CITY_____ ZIP _____

PHONE _____ CELL_____ DATE OF BIRTH_____

EMAIL ADDRESS_____

MOTHER'S NAME_____ FATHER'S NAME_____

EMERGENCY CONTACT: _____PHONE _____

ANY PRE-EXISTING MEDICAL ISSUES WITH YOUR CHILD? _____

I hereby agree to let my child to participate in the sport of soccer. I understand there are certain risks of injury inherent in the practice and play of this sport as well as traveling and other related activities incidental to my participation and I am willing to assume these risks. I herby certify that my child is fully capable of participating in the sport of soccer and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity. In addition, to giving my full consent for my child's participation, I do herby waive, release, and hold harmless the camp staff, Holmdel FC/NJX, Match Fit, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I understand that the staff will not perform invasive procedures of any kind nor be responsible for the disbursement of medications.

Legal Guardian Signature_____Date_____

This Program is not endorsed by the Holmdel Township Board of Education