



HOLMDEL FC WINTER HIGH SCHOOL WINTER WORKOUT

HFC's high school winter workout will help high school players take their game to the next level before the pivotal spring club season begins. Players will work on all areas of the game with an emphasis on ball work and agility. 1 v. 1 work, individual technique, and agility, will be covered each week. Sessions will be run at a very high level so players will also get good fitness work in.

Program Highlights

Trainer: Matt Woolston

Ages: Boys and girls ages 14-18

Cost: \$175

Location: Cross Farm Park

Dates: Wednesday's, January 13th – March 2nd

Time: 6:30 – 8 PM

Contact: Matt Woolston at holmdelfc.njx@gmail.com
732-539-7208

Web: www.holmdelfc.org **Twitter:** @HFC_NJX

Attendees provide their own water bottle, and a soccer ball. Full payment is required with this form. No refunds once payment received.

Please mail checks payable to: "Holmdel FC", 11 Maple Leaf Drive, Holmdel, N.J. 07733

CAMPERS FULL NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ Email _____

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 hereby 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 hereby waive, release, and hold harmless the camp staff, Holmdel FC, 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