

# ARROW CAMP HS summer soccer camp



**For High School Girl Soccer Players  
entering grades 9-12 Sept 2017**

**July 17 - 21 / Mon - Fri**

**10 Sessions - Space is limited  
\$275 per player - Due June 2**

Truman Field, Oakland

## **STAFF**

**Coach Gyulay and the IHHS Coaching Staff**  
*2016 Freedom Division Coaching Staff of the Year*

***Invited guest coaches from***  
Ramapo College / NJIT  
Fairleigh Dickinson University  
William Paterson / Monmouth / Rutgers  
and others...

### **Return waiver and payment to:**

Arrow Sports  
Attn: HS Soccer Camp  
53 Genevieve Avenue  
Hawthorne, NJ 07506

**[www.ArrowSports.net](http://www.ArrowSports.net)  
[@ArrowSportsNJ](mailto:@ArrowSportsNJ)**

**All players receive a  
shirt and soccer ball**

### **Monday**

**10:00 Registration**

**10:30 Session 1**

**5:30 Session 2**

### **TUES - FRI**

**10:00 Session 1**

**5:30 Session 2**

**Due June 2**

Questions or concerns:  
**[CoachGyulay@gmail.com](mailto:CoachGyulay@gmail.com)  
973-819-4844**

*The camps are not under the  
auspices of any school  
district. Participation in the  
camp is not required for  
participation in high school  
sports. In case of inclement  
weather conditions, the  
Camp reserves the right to  
cancel all activities. The  
Camp will not provide a  
refund or credit for lost days.*



# Parental Waiver and Consent Form

I, the undersigned parent, acknowledge, agree and understand that:

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 do 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 thereto, whether the result of negligence or any other cause.

## Waiver, Release of Liability and Indemnification Agreement

**Event:** 2017 HS Soccer Camp

**Dates:** July 17 - July 21

**Place:** Truman Field, Oakland

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

_____	<b>9 - 10 - 11 - 12</b>	_____
<b>Athlete's Name</b> (PRINT)	<b>Grade on 9/2017</b>	<b>D.O.B.</b>
_____	_____	_____
<b>Street Address</b> (PRINT)	<b>City</b>	<b>Zip</b>

**List any physical limitations (allergies, hearing, sight, etc.):** \_\_\_\_\_

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.

_____	_____
<b>(Print) Guardian/Parent Name</b>	<b>Emergency Phone</b>
_____	<b>Date:</b> _____
<b>Signature</b>	

**T-Shirt Adult Size (circle 1):**    S    M    L    XL

**Return the entire form with payment** (Checks can be made out to **Arrow Sports**)  
Arrow Sports - Attn: HS Soccer Camp - 53 Genevieve Avenue - Hawthorne, NJ 07506

