***2017 HILLTOPPER BOYS SOCCER CAMP***



***At Memorial Fields***

***August 22nd, 23rd, 24th***

***5:30-7:30 pm***

***For All Summit Boys Soccer Players 3rd-8th Grades***

***CAMP FEE: $100.00 for 3 days or $40.00 for one day***

*Come train with the Summit High’s Varsity Boys Soccer Coaching Staff, Players and Alumni! Campers will be instructed in a series of game related drills to work on their fundamentals and technique. We highly recommend that you attend this camp if you plan to play soccer this fall.*

NOTE: IF you have any questions or concerns, please call Coach Sularz at (201) 707-0350 or email [asularz@summit.k12.nj.us](mailto:asularz@summit.k12.nj.us)

Make $100.00 CASH or CHECK payable to Summit HS Boys Soccer

Hand in or mail CASH or CHECKS to:

Summit Athletic Office

℅ Coach Ashley Sularz

Summit High School

125 Kent Place Blvd., Summit, NJ 07901

***\*PLEASE SEND IN THIS FORM WITH PAYMENT***

**2017 HILLTOPPER BOYS SOCCER CAMP**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_ GRADE entering in fall \_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact #

Position(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size (Circle) YS YM YL AS AM

Medical Concerns / Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my child permission to participate in this program offered by Hilltopper Boys Soccer Camp. In signing this form, I understand that there is no insurance provided, I hereby release the City of Summit and any individual connected with the City of Summit and the Summit High School Boys Soccer Program from any and all law suits, medical expenses, hospital or other expenses that may arise from injury to or caused by each individual’s participation in this program. I certify that my child is in proper physical condition to participate in this program. My child understands that good sportsmanship is required.

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Parent / Guardian Name (please print) Parent / Guardian Signature Date

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