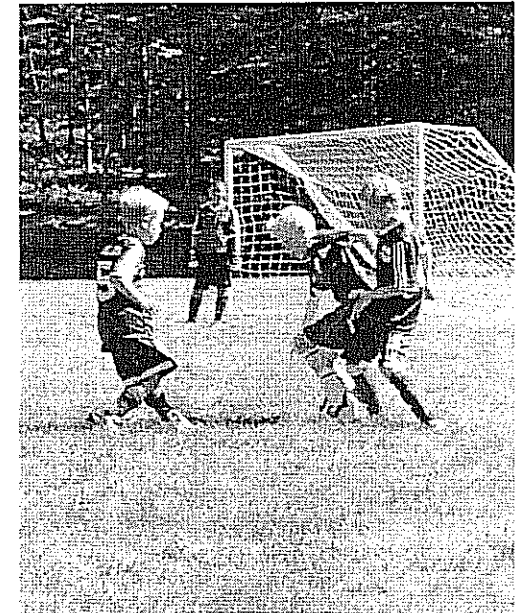
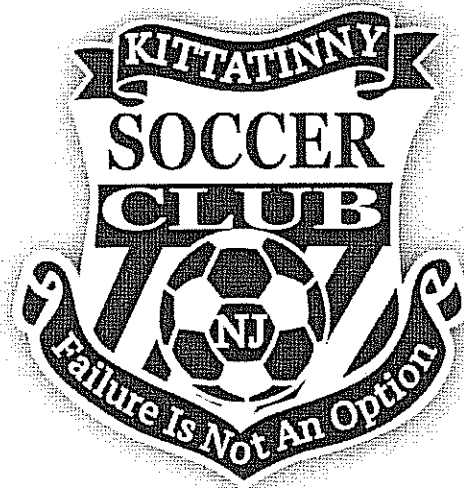
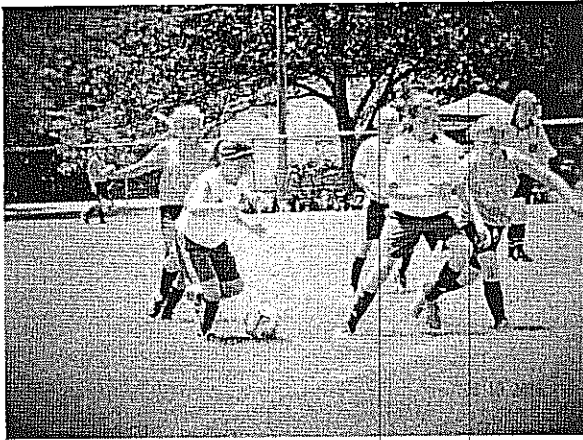


*2019*

*Summer  
Soccer Camp*



*July 22 -26<sup>th</sup>*

*5 PM - 8 PM*

*Hampton Township*

*Recreational Park*

*(The Pit)*

**Cost:** \$100.00

After deadline date of July 12<sup>th</sup> cost will be \$115.00.

***Make check payable to:***

Kittatinny Soccer Club

***Mail check and completed registration form to:***

Kittatinny Soccer Club

26 Kemah Mecca Lake Rd.

Newton, NJ 07860

***For more information contact:***

Oscar Fernandez 973-670-9255

or ondt26@ptd.net

Cost includes instructional time, facilities, equipment and camp T-shirt. A camp T-shirt cannot be guaranteed with late registrations.

***Time:*** 5:00 PM to 8:00 PM

For cancellations due to inclement weather, an email will be sent to all campers.

***Location:***

Hampton Township Recreational Park

(The Pit)

1 Rumsey Way

Newton, NJ 07860

***Equipment:***

Bring water and soccer ball

Shin guards and cleats are required.

**Registration Form**

*For campers in 1<sup>st</sup> to 8<sup>th</sup> grade*

Camper's Name: \_\_\_\_\_

Male:  Female:

Camper's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Camper's T-Shirt size: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Township: \_\_\_\_\_

Email: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

List any medical conditions, including allergies to bee stings or asthma:  
\_\_\_\_\_  
\_\_\_\_\_

If your child requires an epi pen, you must remain on site for the duration of the camp.

**Participant Waiver and  
Liability Agreement**

I understand that there are risks associated with playing all sports and field related activities. In consideration for the privilege to use the facility and/or attend the camp, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity at Hampton Twp. Recreational Park and for any injuries which myself or my children/wards may sustain while on the premises of Hampton Twp. Recreational Park.

I give permission for camp trainers and coaches or contracted health care to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date