



# Kittatinny Soccer Club

## 2018 Summer Soccer Camp

July 23<sup>th</sup> thru July 27<sup>th</sup>

5:00 PM to 8:00 PM

Location: Hampton Township Recreational Park (The Pit)

1<sup>st</sup> through 8<sup>th</sup> Grade

For more information contact:

Oscar Fernandez 973-670-9255 or ondt26@ptd.net

### Registration Form

Camper's Age \_\_\_\_\_ Allergies: \_\_\_\_\_

Camper's Name \_\_\_\_\_ Male  Female   
Last First

Address \_\_\_\_\_  
House # & Street City

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

### Participant Waiver & 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 \_\_\_\_\_

Cost: \$99.00 per camper (Make checks payable to Kittatinny Soccer Club)  
Mail to: Kittatinny Soccer Club  
26 Kemah Mecca Lake Rd. Newton, NJ 07860

