

2018 Lake View Girls Soccer Camp

When: May 29th (Tuesday) – May 31st (Thursday)

Where: Lake View Turf Field

Time: 8:00 am – 10:30 am

(Coaches will be present @ 7:30 am, if child needs to be dropped off)

Who: Incoming 6th - 9th grade GIRLS

Coaches: Henry Gonzales

Cost: \$20 (Family members 2 for \$30)

Equipment to bring: Cleats, Shin Guards, Soccer Ball, and Water

No make-up days for being absent or bad weather.

Athlete: Cut on the line below and keep the top portion.

Student Name: _____ Age: _____ Grade Entering: _____

Years played: _____ If played, Team Name(s): _____

Address: _____

Parent/Guardian Name(s): _____ Phone: _____

Email Address: _____

Circle T-Shirt size: Adult S, M, L, XL; Youth M, L

Please make checks payable and mail form to: **Henry Gonzales,
1824 College Hills Blvd., San Angelo, TX, 76904**

Waiver of Claims: I, as a parent or guardian hereby give permission for my child to participate in the Lake View soccer camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the coaches of the camp to act for me according to their best judgment in any emergency requiring medical attentions, and I understand that SAISD does not provide insurance and I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son. I hereby waive any claim I might have against the Lake View Soccer Camp and the institution regarding the facilities.

Signature of Parent or Guardian: _____

FMI, contact: Henry Gonzales, henry.gonzales@saisd.org (325) 212-7069