



2017 EDMONDS-WOODWAY WARRIORS SOCCER CAMP

Sponsored by the Edmonds School District



When: July 10th-July 13th 9 a.m. – 12 p.m.

Where: Edmonds-Woodway High School/ESD Stadium

Who: Boys and girls entering 2nd-8th grade

Cost: \$90

Director: Mike Ochoa, EWHS Varsity Boys Soccer Coach

Focus: Come play some soccer over the summer with us! Our camp offers quality instruction from Head Coach Mike Ochoa and members of the EWHS Boys Soccer Team.

Skills Emphasized:

- *Footwork*
- *Passing and trapping techniques*
- *Shooting*
- *Playing games*
- *Position work, including Goalkeep work*

Questions: please email Mike Ochoa: ochoam@edmonds.wednet.edu

Make checks payable to: ESD and mail/submit registration to:
Mike Ochoa– Warrior Soccer Camp
7600 212th Street SW
Edmonds, WA 98026

Name of Child: _____ Grade in Fall 2017: _____

Current School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail _____

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the **2017 Warrior Soccer Camp**, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of basketball entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____ (Parent initial)

2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____ (Parent initial)

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone: _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child**. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

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Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission

for _____ who attends _____
(Student) (School)

to participate in the **2017 Warrior Soccer Camp, on July 10-13th , at Edmonds-Woodway High School/ESD Stadium**, for the purpose of practicing fundamental running skills in order to enhance skill and performance level.

Parent/Guardian Name _____ **Home Phone** _____
(please print)

Address _____ **Work Phone** _____

Parent/Guardian Signature _____ **Date** _____