



## Holy Names Academy Cougar Soccer Camp 2015

Join Varsity Head Coach Sam Procopio, members of the HNA varsity team, and soccer alumnae this summer at Cougar Soccer Camp '15. Camp is open to any young woman entering Grades 6 through 8 in 2015, and to any student starting Grade 9 at Holy Names Academy in the fall. Space is limited to the first 50 campers to register. Each camper will receive a Cougar Soccer T-shirt.

**July 13-17, Mon.-Fri.** at Lower Genesee Field, 4316 S. Genesee St.: **Grade 9:** 9 a.m.-noon  
**Cost: \$175** **Grades 6-8:** 1-4 p.m.

Cougar Soccer Camp is designed to create a positive soccer environment, one that will encourage players to be imaginative and creative without undue pressure or fear of failure. The clinic will provide training in technical skills, tactical patterns of play, speed and agility, positional awareness, and finishing, and will include many small-sided games.

Each camper should bring: Soccer shoes, shin guards,  
Snack, water bottle, sunscreen

Please return: The lower part of this **form** (signed), a copy of your child's **health insurance card**, and your **check for \$175** (payable to HNA Cougar Soccer Camp).

Mail to: Holy Names Academy, 728 21st Ave. E., Seattle, WA 98112.

**Registration form must be filled out completely before admission to camp.**

**No registrations accepted after Friday, July 3.**

**A \$90 registration-processing fee will be charged for all cancellations.**

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### HNA Cougar Soccer Camp '15 Registration Form T-Shirt Size (adult sizes) XS S M L XL

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in Fall \_\_\_\_\_ School Attending in Fall \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

**\*\*\*\*Please attach a copy of your child/ward's current health benefit medical card.\*\*\*\***

Please note any medical conditions/allergies/reactions we should be aware of:

RELINQUISHMENT OF CLAIMS AGAINST HOLY NAMES ACADEMY ONLY I/We recognize and acknowledge that there are risks in my/our daughter's/ward's presence and participation in the above-named school-related program. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Holy Names Academy including any claims of negligence on its part or on that of its officers, agents, employees, representatives or volunteers arising out of, or in connection with, the transportation to and/or from the event or any activity my/our child/ward participates in while attending the school-related program.

PHOTO RELEASE I/we consent to my daughter's name and/or likeness being used in connection with Holy Names Academy's printed or online promotional or publicity materials.

MEDICAL RELEASE My/our permission is hereby given to the school representative of Holy Names Academy to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving my/our daughter/ward named above.

**Parent or Guardian signature required** \_\_\_\_\_ **Date** \_\_\_\_\_