



# SOCCER camp

Focuses on basic skills and conditioning of soccer as well as teamwork and sportsmanship through creative games and activities. Provides an opportunity for children to be challenged and introduced to competition in a developmentally appropriate manner while still having FUN!

**Dates:** Monday, July 23rd - Friday, July 27th

**Ages/Time:**

5-8 10:00am-10:50am

9-12 11:00am-11:50am

3-4 12noon -12:30

**Cost:** \$40.00 (ages 5-12) /\$30.00 (ages 3-4)

**Instructors:** Tiffany Elmer/Hilarie Schlicker

Camp minimums are 10 participants per age group.

Groups maybe combined if registration numbers are not met. Register by July 19th.

*Camp information subject to change. No discounts given for missed sessions.*

# ***Mt Hood Athletic Club Registration Form***

Payment for all programs required upon registration

Participant Name: \_\_\_\_\_ MHAC Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Email Address: \_\_\_\_\_ Class/Program \_\_\_\_\_

Parent Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ ph# \_\_\_\_\_

Member: ~~Yes~~ No

\*\*Please register within 5 days of the start of any program or a \$5 late registration fee may be added to the program cost.

## **Release of Liability & POLICIES:**

Mt. Hood Athletic Club is not responsible for lost or stolen items. It is further expressly agreed that all exercises shall be undertaken by me at sole risk and Mt Hood Athletic Club shall not be liable to me for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the use by me of the services and facilities of Mt. Hood Athletic Club or the premises where the same is located, and I do hereby expressly forever release and discharge the said club from all claims, demands, injuries, damages, actions or causes of action, and from all acts of actions or passive negligence on the part of the company, corporation, clubs servants, agents or employees. Member and non members represents and warrants that he/she is in good physical condition and that he/she has no physical disability, impairment or ailment preventing he/she from engaging in active or passive exercise or that will be detrimental to his/her health, safety, comfort or physical condition if he/she does so engage or participate. I also understand and agree that any Mt Hood Athletic Club or event sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me participating in this event without liability or obligation to me.

## **Staff Use Only**

### PROGRAM INFORMATION

Class/Program Name \_\_\_\_\_ Session/Level \_\_\_\_\_

*Write in session # or level if applicable*

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Late reg. fee Y N Employee Initial \_\_\_\_\_

### Payment Method

Cash  Check  Visa/MC

Charge to Account # \_\_\_\_\_ Member Init: \_\_\_\_\_

Staff reminder: Enroll Members in class is applicable. File in correct binder under correct session.