



Notre Dame High School

Established 1957

Boys Soccer Camp

Boys Soccer Camp grades 5-9. Camp will focus on fundamental, technical, and tactical skills: speed, agility, side games, competitions and guest speakers. Incoming Notre Dame Freshman Boys soccer players should attend this camp.

Dates: Monday, July 17 - Friday, July 21 from 9:00 AM to 3:00 PM.

Fee: \$245, for lunch to be included add \$35.

Questions: leedom@ndnj.org

Registration: ND website, paper form or download form and mail to Notre Dame.

Pre Care and After Care is available through our Over Time Program.

To register please visit www.ndnj.org and click on summer programs. Registration for most programs will have three options unless otherwise noted: electronic through the Notre Dame website, download the registration form or fill this form out and mail it to Notre Dame with a check.

Camper's Name: _____ Parent/Guardian Name: _____

Address: _____

City, State, & Zip: _____

Phone No. _____ Cell No. _____

Parent Email Address: _____

Age: _____ Grade: _____ School: _____

Experience (years played): _____

Shirt Size (please circle) YM YL AS AM AL AXL

Amount Enclosed: \$ _____ *Payment is non-refundable*

OVER

Parental Consent Form:

Parent/Guardian Name: _____

Health Insurance Co. _____

Group/Policy Number: _____

Emergency Contact Name: _____

Relationship: _____

Contact Telephone No. _____

Is your son/daughter currently under a physician's care? YES NO

If YES, for what? _____

Is your son/daughter taking any medication? YES NO

If YES, what? _____

Were you ever advised not to allow your son/daughter to play in sports? YES NO

Please list any allergies:

I, the undersigned, hereby certify that my son/daughter is in good physical health and may participate in all camp activities. I agree that the camp and their employees will not be held liable for any injuries sustained while participating in the camp, nor for medical expenses incurred. I understand that I am solely responsible for the payment of said medical expenses and must provide the camp with proof of medical/accident insurance. In addition, I give my permission for emergency treatment to be given to my son/daughter in the event of an accident, injury, sickness, etc., at a local hospital. I also understand that my child may be expelled from camp, without refund, for unsportsmanlike behavior and/or any disorderly conduct.

Parent/Guardian Signature: _____
Date

**Notre Dame High School
Summer Athletic Camps
601 Lawrence Road
Lawrenceville, NJ 08648**