

2022 SUMMER SOCCER CAMP

HOSTED BY

NEWARK SCHOOL DISTRICT 66

MILLBROOK JUNIOR HIGH SCHOOL

PRESENTED BY



***CAMP DATE:** JULY 25TH-JULY 29TH 2022

MONDAY-FRIDAY

***CAMP TIME:** 8:30 AM-10:00 AM

***LOCATION:** MILLBROOK JUNIOR HIGH SCHOOL

8411 FOX RIVER DR. MILLBROOK, IL 60536

***COST:** \$55.00 (INCLUDES CAMP SHIRT)

***GRADE LEVEL:** FOR ALL INCOMING 5TH-8TH

IN THE LOCAL AREA

***TO REGISTER CONTACT:** call, text, email

COACH KATH (630) 461-6699 chriskath44@gmail.com

PROVIDE NAME, GRADE, TSHIRT SIZE (YOUTH OR ADULT)

***BRING 1ST DAY TO CAMP:**

1. REGISTRATION FORM/SIGNED PARENT WAIVER

2. FEE \$55.00 CASH OR CHECK MADE OUT TO ASTRA SOCCER ACADEMY

3. CLEATS, SHINGUARDS, WATER, SOCCER BALL



Player Registration Form

Team Interest: U- _____ Boys Girls

Player Info: Name _____ Birth Date _____

Address _____ City, Zip _____

Home Phone _____ Current School & Grade _____

Mother's Name _____ Home Phone _____

Cell Phone _____ Email Address _____

Father's Name _____ Home Phone _____

Cell Phone _____ Email Address _____

Emergency Contact Name & Phone #: _____

Please list player's soccer experience and positions played/desired below:

Waiver and Release:

Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operations, when provided).

The undersigned recognizes and acknowledges that there are certain risks of physical injury to participants in these programs/activities, and voluntarily agrees to assume full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims against Astra Soccer Academy, including its officers, directors, officials, agents, volunteers and employees (hereinafter collectively referred as the Academy), which I or my minor child/ward may have (or that accrue to me or my child/ward) as a result of participating in these programs/activities. I hereby release and forever discharge the Academy from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or, in any way associated with these programs/activities.

In the event of an emergency, I authorize the Astra Soccer Academy to secure from any accredited hospital and/or physician any treatment deemed necessary for immediate care of my minor child/ward and agree I will be responsible for any and all medical services rendered.

I have read and fully understand the above information, warning of risk, and waiver and release of all claims.

Parent Signature _____

Date_____