

Summer Soccer Schedule

Last Week of June / July 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	June 26 Practice 9-10-30	June 27 Practice 9-10:30	June 28 Practice 9-10:30	June 29 Practice 9-10:30	June 30	July 1
2	3	July 4 Independence Day	5 Practice 9-10:30	6 Hoopeston Team Camp	7 Hoopeston Team Camp	8 Hoopeston Team Camp
9	10	11 Practice 9-10:30	12 Practice 9-10:30	13 Practice 9-10:30	14	15
16	17 Practice 9-10:30	18 Practice 9-10:30	19 Practice 9-10:30	20 Practice 9-10:30	21 Tolono Team Camp	22 Tolono Team Camp
23	24 Practice 9-10:30	25 Practice 9-10:30	26 Practice 9-10:30	27 Team Lunch 11:30	28	29

\$20 Player Fee
(**\$35 if playing in 2 Triads**)

Unity Soccer Triad Camp

Player Application

July 21st and 22nd

Registration due July 1st

(Make checks payable to "Rocket Soccer")

Name: _____

Age/Year: _____

Address: _____

Parent's/Guardian's Name: _____

Contact#: _____

High School Team: _____

The undersigned, being the parent or guardian of, _____ a minor, do hereby state that they concur and consent to the enrollment of the above named minor in the Unity Soccer Team Camp. I do understand that the Tolono, Unity School District (CUSD #7), the director, nor anyone else connected directly, or indirectly, with the camp, will assume and responsibility for accident, injury, or any damage sustained at the camp as the result of any instruction given at the camp or as the result of travel to and from the camp. I do further agree to indemnify, save and hold harmless the said, Michel Stringer, as director and operator of the camp and CUSD #7, as owner of the premises, or and of its agents, cause of the action, claims or demands arising out of or incidental to participation in said Soccer Camp by the above stated minor made by any person, firm or corporation by on behalf of the stated minor.

Parent/Guardian Signature: _____ **Date:** _____

Coaches, please send all player applications together with checks payable to "Rocket Soccer" to:

Michel Stringer % Unity High School
1127 CR 800 N
Tolono, IL 61880

Additional forms found at: <https://sites.google.com/unity.k12.il.us/unityhighschoolsoccer/home>

\$30 Player Fee

Hoopeston Area Invitational Soccer Team Camp

July 6-8, 2023

PLAYER REGISTRATION Due June 1st

(Make checks payable to HAHS Soccer)

Name: _____ Home Phone: _____

Address: _____ Age of Camper: _____

City, State, Zip: _____ Grade of Camper: _____

Parent's/Guardian Name: _____ Contact #: _____

High School Team: _____

Shirt Size: S M L XL XXL *(please circle one)*

The undersigned, being the parent or guardian of, _____ a minor, do hereby state that they concur and consent to the enrollment of the above named minor in the Hoopeston Area Invitational Team Soccer Camp. I do understand that the Hoopeston Area Community School District No. 11, the director, nor anyone else connected directly, or indirectly with the camp, will assume any responsibility for accident, injury, or any damage sustained at the camp as a result of any instruction given at the camp or as the result of travel to and from the camp. I do further agree to indemnify, save and hold harmless the said, Kevin Root, as director and operator of the camp and Community School District No. 11, Vermillion, Iroquois Counties, Illinois, as owner of the premises, or any of its agents, cause of the action, claims or demands arising out of or incidental to participation in the said Soccer Camp by the above stated minor made by any person, firm or corporation by or on behalf of the stated minor.

Parent or Guardian: _____ Date: _____
(Signature)