

Angelina College Soccer Winter Camp

Campers will learn how to pass, shoot, and dribble correctly and other soccer fundamentals.

What to bring: cleats, shin guards, jacket (weather), water, snack, and whatever else you would bring to a soccer game.

Camp Location: Meet in front of the Angelina College Activity Center at 3500 S 1st St Lufkin, Tx

Ages: 6 to 14

December 20—22, 2018

Time: 9 a.m.-1 p.m. (May drop off your camper as early as 8:30)

Cost: \$70 (\$10 off per person for a team of 6 or more)

For more information about camp, contact

foconnor@angelina.edu



Angelina College Sports Camp

To register :

OPEN and PRINT this Camp Registration Form. Complete and mail form and payment to Angelina College, Community Services, P.O. Box 1768, Lufkin, Texas 75902; by fax (936) 633-5478; by email to tscott@angelina.edu; in person at Angelina College, Community Services Building, Room 101; Monday – Friday 8:00 a.m. – 5:00 p.m.: **Summer Hours: Mon.—Thur. 8a.m.—5p.m.** Persons registering by email, fax or phone must use a credit card for payment.



DEADLINE to register is the first day of camp

Camp Participant Information

Camper Full Name: _____
Last First M.I.

Date of Birth: _____ Home Address: _____

Home Phone: _____ Emergency Phone: _____

Email Address: _____ School: _____

Purpose: (circle one) Men's Basketball Women's Basketball Softball Baseball Men's Soccer Women's Soccer

T-shirt Size: Youth / Adult (please circle) S M L XL XXL (please circle)

Waiver Release

I/We the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give my permission to the staff of the camp to seek during the period of the camp the appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and as guardian(s) of: _____ (camper's name) understand that sports is an active and physical and that injuries can take place during play. I/We the undersigned for ourselves, our heirs, executors and administrators, waive, release and discharge the camp coaches and its staff, officers, employees, representatives and successors and assign of and from all rights and claims from damages, injury or loss to person or property which may be sustained or occur during participation in the camp or while at camp.

All campers must provide proof of insurance coverage for any injury or sickness incurred while attending the sports camp. I waive and release Angelina College and any camp instructors from any liability from injury or illness incurred going to camp from home or while at camp or returning home. I, as parents/guardians, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minors' participation, and assume the risk arising there from. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Camper Name: _____ Parent/Guardian Signature: _____

Payment Information

Pay by credit card or check when submitting this form.

Check # _____ Camper Name: _____ SID#: _____

Driver's License #: _____ Date of Birth: _____

Phone #: _____ Employment: _____

Card: (circle one) Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____ Zip Code _____

Cardholder's Signature Required: _____
Signature Printed