



2017 MIDDLE SCHOOL SOCCER CAMP

opportunity for CURRENT
5th through 7th grade BOYS and GIRLS
to train with Ridgewood High School Coaches
Monday, June 26 through Thursday, June 29

Check-In: Monday, June 26 at 1:30 pm
Session 1: Monday, June 26 from 2 to 4 pm
Session 2: Tuesday, June 27 from 2 to 4 pm
Session 3: Wednesday, June 28 from 2 to 4 pm
Session 4: Thursday, June 29 from 2 to 4 pm

Camp Director:
Aidan McCluskey, RHS Boys Varsity Coach

Location:
Ridgewood HS Stadium Field
(field subject to change)

Each Player will receive a Soccer Ball

NO REFUNDS due to weather

\$225 per player*

Please make checks
payable to:

Shamrock Soccer Academy

mail to: Aidan McCluskey
721 Hillcrest Road
Ridgewood, NJ 07450

*camp fee covers field rental,
group insurance, coach and trainer
salaries and equipment

If you have questions,
please email:

Coach Aidan McCluskey at:
aidan@shamrocksa.com



WAIVER AND CONSENT FORM

I, the undersigned parent, acknowledge and understand that:

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Waiver, Release of Liability and Indemnification Agreement

Event: Middle School Soccer Camp Dates: June 26 - 29, 2017

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH PROVISION IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, AND I AGREE TO ABIDE BY ITS TERMS.

(PRINT) Player Name 6th - 7th - 8th
(Circle Grade in SEPTEMBER) Player Date of Birth

(PRINT) Street Address City State Zip Code

Please list any physical limitations of player (allergies, hearing, sight, etc....)

(PRINT) Parent/Guardian Name Date Parent Email Address

RETURN THIS ENTIRE FORM WITH PAYMENT

