



HHS LADY RAIDER SUMMER SOCCER CLINIC

- ⊗ Team training provided by the HHS coaching staff.
- ⊗ Each Tuesday and Thursday session focuses on a different aspect of the game to prepare for the upcoming fall season.
- ⊗ Fitness during each session to prepare for try-outs.
- ⊗ Clinic is open to any high school aged girl.
- ⊗ Each registered player receives a tee shirt.
- ⊗ Players should bring cleats, shin guards, water and suntan lotion to each clinic.

July 6 - August 12, 2010

Tuesdays 6-8 pm (HHS turf)

**Thursdays 9-11 am (HHS grass field
by gym entrance)**

\$50 per player

A \$50 commitment will allow for the use of the fields, the players to be covered under the Board of Education health insurance and to compensate for coaches' time. Your daughter will receive training and a tee shirt.

Although the best way to reach success in the fall is to train **as a team** throughout the summer, the coaching staff understands that the summer is a time for family and other sport camps. It is strongly recommended that you attend as often as possible.

CLINIC CONSENT, WAIVER & PAYMENT FORM

It is with my approval that my child _____ may participate in the 2010 Hillsborough Raider Girls Soccer Summer Clinic. We are aware that all athletic activities involve the potential of injury. We acknowledge that even with the best instruction, use of equipment, and strict observation of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in varying degrees of disability or even death. We acknowledge that we have read and understand this warning.

I will not hold the Hillsborough Twp. School District liable for any injuries that may occur as a result of camp related activities.

I also give permission to any qualified camp staff member to apply first aid and/or arrange for emergency transportation if needed.

Finally, as parent or guardian, I/we do carry proper insurance and understand that this is to be used as a primary insurance with the Hillsborough Board of Education as a secondary insurance carrier.

I have read, understand, and agree to this arrangement.

Parent/Guardian Signature

Parent/Guardian Print

Date

Phone Number

Player Name (Please Print)

Adult SM MD LG XL
Player T-shirt Size

9 10 11 12
Grade in 2010-2011

Emergency Contact Name and Phone Number

Please list any preexisting conditions: (injuries, asthma, allergies, etc.)

Mail checks payable to **Hillsborough Township Board of Education**
Mail Form and Payment to:
Hillsborough High School
c/o LeeAnn Best
466 Raider Blvd.
Hillsborough, NJ 08844

FORMS & PAYMENT ARE DUE BY THE END OF SCHOOL, JUNE 23, 2010