

***Building A Stronger Community, TOGETHER,
One Player at a Time!***



KICKS SOCCER CAMP

OPEN TO ALL players K – 8th grade

When: 3 p.m. to 5 p.m, going into K-5th grade

5:30 p.m to 7:30 p.m, going into 6th-8th grade; June 25-27, 2018

Cost: \$60 tuition for advanced enrollment includes shirt

\$65 tuition after June 6, 2018 and up until day of camp, shirt not guaranteed.

Location: Capital High School 2707 Conger Ave, Olympia, WA 98502

This camp is designed for the elementary, and middle school aged players with or without experience in the sport of soccer. The camp will be focused on the technical, tactical, physical and psychological demands of playing soccer. The camp curriculum has been developed collaboratively by Coaches Adriana Montes and Tamara Liska. The camp will offer players the skills needed to succeed in the sport of soccer. Student athletes will be implementing the sessions designed by the coaches. **All players must wear soccer cleats and shin guards and have water to participate. Please have them bring a small snack if they feel they'll need it.**

OHS: Please mail registration and payment to your feeder school and checks made to OHS ASB

CHS feeder schools, pay directly to the ASB office, call in with credit card payment

Cash or check accepted for day of walk up registrations for both schools

Capital High School Attn: ASB, Girls Soccer Kicks Camp

2707 Conger Ave

Olympia, WA 98502

Kathy Cognasso ASB Secretary contact #: 360-596-8073

Head Coach at CHS email: amontes@osd.wednet.edu

Tamara Liska, OC Kicks soccer camp

Olympia High School

1302 North Street

Olympia, WA 98501

360-596-7000 tliska@osd.wednet.edu

Name of participant: _____

Address: _____

Age: _____ Grade 2018-19 School Year: _____ School: _____

Shirt size(Please Circle One): YS YM YL YXL AS AM AL AXL

I, _____, hereby authorize _____ to be enrolled in the Summer OC kicks camp (**June 25-27, 2018**) program described herein. I understand that there are possible risks of accidental injury to participants in sports programs of this nature. With this understanding, I agree to hold the Olympia School District #111, its coaches, clinicians and administrators harmless for damages, injuries, and/or costs resulting from accidental injury to the above named child.

Parent and/or Legal Guardian's Printed Name _____

Parent and/or Legal Guardian's Signature Date _____

Parent Email address _____

Emergency Contact Name and Number During Camp _____

This is NOT a school-sponsored activity. The Olympia School District has neither reviewed nor approved the sponsoring organization or its program, personnel, and activities announced in this flier. The sponsoring organization and participants agree to protect, indemnify, and hold harmless the District, its board of directors, employees, and agents, from any and all claims, liabilities, damages, expenses or rights of action, directly or indirectly attributed to the organization, or its program, personnel, and activities. Permission to distribute this flier should not be considered an endorsement or recommendation of the program by the District

Olympia School District #111 SPORTS CLAUSE / LIABILITY WAIVER

*****Required for Completed Registration*****