

Camp dates and times are as follows for my Summer Camps (U5s-U14s) this year.  
Travel and recreation, players come and improve your skill levels and develop in a learning and fun environment with, Fully U.E.F.A. Qualified British Coaches.

Mon June 22nd - Fri June 26th - 9.00 - 12.00 noon.

Rock Hill, Herndon:- \$175.00

Mon June 29th - Fri July 3rd - 9.00 - 12.00 noon.

Rock Hill, Herndon:- \$175.00

ALSO

U5s/U6s mini sessions 9 - 10 (1 hour) Mon - Fri of each week:- \$50.00

Please complete the following registration form and return with cheque to the address shown if you wish to attend, or bring it along on the start of camp week.

Please bring water/fluids, snacks, ball, shin pads, and dress appropriately.

Look forward to seeing you there.

ROY SOULE  
HYS Technical Director  
5829 Apple Wood Lane  
Burke Centre  
VA 22015

Registration form

Players name :- \_\_\_\_\_

Street Address :- \_\_\_\_\_

City/state/zip:- \_\_\_\_\_

Email :- \_\_\_\_\_

Phone: - (Day)\_\_\_\_\_ (Cell)\_\_\_\_\_

Guardians Name :- \_\_\_\_\_

School/Grade :- \_\_\_\_\_ D.O.B: - \_\_\_\_\_

Camp Fee: - \$175.00 each week Payable to Herndon Youth Soccer, marked/dated selected soccer camp week.

Mini camp fee: - \$50.00 each week Payable to Herndon Youth Soccer, marked/dated selected soccer camp week.

Release

As the parent/legal guardian of the above referenced child.

I do hereby release and hold harmless Roy Soule and his officers, directors, employees, agents and sub-contractors from any and all liability associated with its operations of the soccer camp and my child's participations therein.

Signed :- \_\_\_\_\_ Date :- \_\_\_\_\_

Medical Release Form

My child is in good normal health and has my permission to participate in all training exercises. Roy Soule his directors, agents, employees, or sub-contractors assume no responsibility and will not be held liable for any accident resulting in medical, dental or any other expenses. Each participating player is required to carry personal health insurance coverage and should be aware of the risks involved when participating in competitive and interactive soccer.

Name and contact number of person in case of incident, or emergency.

Health Insurance Company and Number.

\_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian.

\_\_\_\_\_  
Date