

# SPARTAN FRESHMAN SOCCER CAMP

Monday July 27 - Thursday July 30, 2009

6:30 - 8:30 pm SLHS soccer fields  
(behind the tennis courts)



SPARTAN GIRLS SOCCER 2009 5-A REGION 3 FINALIST  
2008 DISTRICT CHAMPIONS, REGION III QUARTERFINALISTS  
2007 DISTRICT CHAMPIONS, REGION III FINALISTS

SPARTAN BOYS SOCCER 2008 DISTRICT CHAMPIONS, AREA PLAYOFFS,  
REGIONALLY RANKED #1,  
2007 REGION III SEMI-FINALISTS

*The winning tradition has already started,  
come be a part!*

# *SPARTAN FRESHMAN SOCCER CAMP 2009*

Monday, July 27th - Thursday, July 30th 6:30 - 8:30 pm

SEVEN LAKES HIGH SCHOOL SOCCER FIELD & TRACK Cost: \$20.00 Checks payable to KISD

Please Email [JamesMKrueger@KATYISD.ORG](mailto:JamesMKrueger@KATYISD.ORG) (boys) or [AmyPDavis@katyisd.org](mailto:AmyPDavis@katyisd.org) (girls) and let us know that you are planning on attending and bring the check and this form (filled out) when you come. Please arrive by 6:15 the first day.

Name \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Parent Name \_\_\_\_\_ Work phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Cell phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emer. Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Parents Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

In consideration of my participation in the Seven Lakes Freshman Soccer Camp, I do hereby for myself release and discharge the Katy Independent School District and all personnel thereof from all claims or damages, demand, action, or whatsoever in any manor arising or growing out of my participation at the Seven Lakes Freshman Soccer Camp. I attest and verify that I, without endangering my health, hereby release the camp from any liability now or in the future. Including but not limited to heart attacks, muscle strains or pulls, broken bones, shin splints, heat prostration, knee, lower back, foot injuries, or any other illness, soreness, or injury, however caused, during participation in the camp. If in fact an injury that requires medical attention occurs, I reserve the right for the SLHS Soccer Camp to take action at medical facilities in the area. I have read the information in full, and to the best of my ability understand the information above.

Participant \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ date: \_\_\_\_\_