



McCALLUM SUMMER SOCCER CAMP

Monday, July 22, 2019 - Thursday, July 25, 2019

9:00am - 12:00pm for Girls entering 1st- 5th and 6th- 8th grades.

McCallum's Girls Soccer Coaches and the McCallum girls soccer team will be hosting a soccer camp for girls at the McCallum practice field and Field House. The camp will include soccer fundamentals, training stations, and scrimmaging. On Thursday, campers will participate in a tournament to showcase their skills, and all parents are invited to attend. A concession stand will be available to purchase drinks/snacks.

The registration fee for the camp is \$90 per participant and \$70/2nd sibling if submitted by May 24, 2019. After May 24th, the fee increases to \$100 per camper and \$75/2nd sibling. Fees include snacks, camp t-shirt, certificate, & a "friendly" tournament on Thursday. Snacks will be provided daily, but each camper should bring their own water bottle. Participants must provide their own transportation to /from camp and their own cleats (optional). Soccer balls will be provided by McCallum High School. Register by completing this registration form and returning it to Stephanie Watson OR online at

<https://macgirlssoccercamp2019.eventbrite.com> . ***You may also register the day of the camp if space is available.***

Student's Name _____ 2019-2020 Grade _____

Mailing Address _____

Parent's Name _____ Parent's Cell Number _____

Parent's Email _____

Home Phone _____ Parent's Work Number _____

Emergency Contact Name _____ Emergency Contact Number _____

Check Amount \$ _____ T-shirt size (indicate if youth size) _____

Waiver of Liability – I as a parent or guardian, hereby give my permission for my child/children to participate in the McCallum High School Girls Soccer Summer Camp and acknowledge the fact that she is able to participate in camp activities. I hereby waive any claims against McCallum High School or Austin Independent School District and any agents, which might arise from an injury or other damage my child/children may incur on the property of AISD.

In case of an accident or serious illness I request the McCallum soccer coach to contact me. If the coach is unable to reach me, I hereby authorize them to call the physician listed below and follow given instructions. If impossible to reach the physician below, the coach may take whatever action they deem necessary.

Parent's Signature _____ Date _____

Physician Name / Contact number _____

Payment Information: Please make checks payable to: McCallum High School
Mail to: McCallum Soccer, Stephanie Watson, 5600 Sunshine Dr., Austin, TX 78756
Questions? Contact – Coach Watson at stephanie.watson@austinisd.org