

\$75 PER PERSON

Make checks payable to **Seahawks Soccer Camps**

Mail to P.O Box 5020 , St. Mary's City, Maryland 20686

For additional information Call: (240) 895-4321 * Fax (240) 895-4480

Name _____ Grade In _____ Age _____

Mother/Guardian _____ Father/Guardian _____

Day Phone #1 () _____ Day Phone #2 () _____

Cell Phone #1 () _____ Cell Phone #2() _____

Address _____ City _____ State _____ Zip _____

Team/Group _____ *Mandatory E-Mail _____

Birthdate _____ Medical Conditions _____

I hereby authorize the staff of Seahawks Soccer to act for me in their best judgement in any emergency requiring medical attention and I hereby waive and release Seahawks Soccer from any and all liability for injuries or illnesses incurred while at the Camp. I have no knowledge of any physical impairment that would be affected by the above named campers participation in the camp program. I understand that I am required to attain and carry accident medical insurance coverage for the child listed on this application, and I verify that the coverage information attached herewith is accurate and true. I understand the camp is not responsible for lost or stolen articles. I also understand the camp retains the right to use for publicity and advertising purposes photographs of campers.

Parent/Guardian Signature _____ Date _____

Health Insurance Co. _____ Policy # _____



***High School Pre-Season
Evening
Soccer Camp 2010***



\$75/player

Designed to train local High School Teams.

Technical/Tactical Training.

11 v 11 Game each session.

Great Deal for Pre-Season Training

Monday - Friday

July 26 - 30

BOYS - 4:00pm - 6:00pm

GIRLS - 6:00pm - 8:00 pm

St. Mary's College

High School Only

240-895-4321

Herb Gainey, Head Coach

240-895-4321 (Office)

240-895-4480 (Fax)

whgainey@smcm.edu