



# Holy Names Academy Cougar Soccer Camp '10

Join Coach Teddy Mitalas and his assistant coaches this summer for Cougar Soccer Camp '10. **Camp is open to any current or incoming HNA students.**

**Dates:** Monday–Wednesday, July 5, 6, 7. **Time:** 9–11 a.m. daily.  
**Location:** Miller Playfield (330 19<sup>th</sup> Avenue East, Seattle). **Cost:** \$75

Cougar Soccer Camp is designed to create a positive soccer environment, one that will encourage players to be imaginative and creative without undue pressure or fear of failure. The clinic will provide training in technical skills, tactical patterns of play, speed and agility, positional awareness, and finishing, and will include many small-sided games.

Each camper should bring: Soccer shoes  
Shin guards  
Snack, water bottle

Please return: The lower part of this **form**, a copy of your child's **health insurance card**, and your **check for \$75** (payable to Cougar Soccer Camp).

Mail to: Holy Names Academy, 728 21st Ave. E., Seattle, WA 98112.

**Registration form must be filled out completely before admission to camp.  
No registrations will be accepted after Friday, June 25.  
A \$50 check-processing fee will be charged for all cancellations.**

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## Cougar Soccer Camp '10 Registration Form

Student's Name_____	Grade in Fall_____
Address_____	Home Phone _____
Parent(s) Name(s)_____	Work Phone(s) _____
_____	_____
E-mail_____	Amount Enclosed_____
Emergency Contact_____	Phone_____
Family Physician_____	Phone_____
Insurance Company_____	Policy No._____

**\*\*\*\*Please attach a copy of your child/ward's current health benefit medical card.\*\*\*\***

Please note any medical conditions/allergies/reactions we should be aware of:

RELINQUISHMENT OF CLAIMS AGAINST HOLY NAMES ACADEMY ONLY I/We recognize and acknowledge that there are risks in my/our daughter's/ward's presence and participation in the above-named school-related program. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Holy Names Academy including any claims of negligence on its part or on that of its officers, agents, employees, representatives or volunteers arising out of, or in connection with, the transportation to and/or from the event or any activity my/our child/ward participates in while attending the school-related program.

MEDICAL RELEASE My/our permission is hereby given to the school representative of Holy Names Academy to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving my/our daughter/ward named above.

**Parent or Guardian signature required** \_\_\_\_\_ **Date** \_\_\_\_\_

**hna**