**Roughrider Soccer Camp**



**Dates**: May 30th - June 1st

**Time**: 9:00am-12:00pm

**Location**: Center High School Football Field

**Ages**- 5TH grade thru incoming 9TH girls and boys

**Cost**- $30

The camp will provide fundamentals, team concept and competitive enthusiasm.

**\*\* T shirts will be given to each participant\*\***

Send entries to/ and make checks payable to:

CENTER H.S. ATHLETICS

ATTN: BOYS/GIRLS SOCCER

658 ROUGHRIDER DRIVE

CENTER, TX 75935

Contact: Coach Hamilton for questions (936)-645-5618

Coach Martinez for questions (936)-590-8030

**\*\* Please register by May 22 or wait until the day of at 8:30am\*\***

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Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Payment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_ 2017-2018 Grade\_\_\_\_\_\_\_

Shirt size: YM    YL     AS     AM     AL     AXL

I hereby certify, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Roughrider Soccer camp. I authorize the coaches/ directors of the camp to act in their best judgment in any emergency regarding medical treatment or attention to my child. I hereby release any liabilities from Center ISD and the coaches/ directors involved.

Parent/ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_