

# 2016 WLHS GIRLS SOCCER CAMPS

## Conditioning Camp

When: August 1<sup>st</sup> – 5<sup>th</sup>

Time: 8-10 am

Where: WLHS or Rosemont (please check website to confirm)

Cost: 50\$

Conditioning camp will focus on helping the student-athlete become more explosive, faster, and improve their endurance for the upcoming try-outs and season. Please bring cleats and running shoes.

## Soccer Camp

When: August 8<sup>th</sup>-11<sup>th</sup>(no Friday, 12<sup>th</sup>)

Time: 8-10 am

Where: WLHS or Rosemont (please check website to confirm)

Cost: 50\$

During soccer camp the student-athlete will be trained in the proper techniques for shooting, heading, dribbling, defending, and passing. They are then put into highly competitive scenarios like 11v11 games, 4v4 games, 1v1 and more to develop these techniques under pressure.

**Mail Registration & Payment To: West Linn Girls Soccer  
Attention: Kelli Cronkrite  
5464 W. A Street  
West Linn Oregon 97068**

\*\*Make checks pay-able to:

West Linn Girls Soccer

Student-Athlete Name: \_\_\_\_\_

Grade in 2016/2017: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**Camp(s) I will be attending:**

Conditioning only: 50\$     Soccer only: 50\$     Both: \$100

Parent/Guardian Name (emergency contact): \_\_\_\_\_

Parent/Guardian (emergency contact) phone number: \_\_\_\_\_

As the legal parent or guardian of the athlete listed above, I hereby give the staff of WLHS Girls Soccer Camp permission to act on my behalf if I can't be reached in a medical emergency. I understand that participation in this camp could lead to an injury to a participant and I do not hold the West Linn Wilsonville School district/WLHS program or its coaches responsible for any injury. I understand that neither the school district nor the soccer program have medical insurance for individual participants and agree to provide my own insurance. The specified athlete participating in this program is in good physical condition.

**\*\* Please provide the coaching staff with any medical information relevant for working with your child, or if scholarship is needed.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_