



## 2022 Woodlands Area Soccer Camps

**Camp #1:** May 31- June 3, 2022 9:00-11:00am  
Any Incoming 3rd – 9<sup>th</sup> Girls  
Fee \$125 per child

**Camp #2:** May 31- June 3, 2022 9:00-10:30am  
Any Incoming Pre-K-2nd Girls or Boys  
Fee: \$90 per child

**Attire/Equipment:** Please have your child wear a light-colored shirt, cleats, shin guards, **an appropriately sized ball for their age group**, and bring a water jug. Sometimes sunscreen and bug spray are needed as well.

**\*\*\* Extra balls and water refill station will be provided \*\*\***

### Camp Fees:

#1: 3rd – 9<sup>th</sup> - \$125  
#2: Pre-K – 2nd - \$90

### Contact:

**Claire Eiteljorge**  
claire.eiteljorge@gmail.com  
210-416-4664

### Make checks payable to:

Frankie Whitlock (cash/money order preferred)

### Mail to:

The Woodlands Area Soccer Camp  
Attn: Frankie Whitlock  
54 Hearthwick pl  
Tomball, Tx 77375

**DEADLINE for Mail-In Registration is:**

**Monday, May 30, 2022**

**\*\*An additional \$10 will be added for late registrants due on the first day of camp.**

### REGISTRATION FORM:

Grade Level in Fall 2022: \_\_\_\_\_

Years of Playing Experience: \_\_\_\_\_

Current Level of Play: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Camper's T-shirt Size:(circle one)

**Youth - S M L      Adult - S M L XL**

### Liability:

In the event of an emergency situation, I hereby authorize the Woodlands Area Soccer Camp staff to obtain medical attention for my child. I hereby waive and release both the WASC staff and CISD from any liability for the injury and/or illness that might occur while participating in this camp. I understand as an active participant in soccer that an accident or injury may occur.

Parent Signature: \_\_\_\_\_

Emergency Medical Contact: \_\_\_\_\_

Physicians Name and Number: \_\_\_\_\_

Please list any medical condition that we should be aware of: \_\_\_\_\_

\* Please note that there is no trainer on site

### CISD Camp Waiver:

Student's Name: \_\_\_\_\_

Activity: **Soccer**

In order for your child to be able to participate in the 2022 camp activities, it is necessary for you to sign this statement indicating your understanding that the district does not cover insurance covering injuries your child may sustain. By my signature, I am informing CISD that I understand that the district is not responsible for any accident or payments resulting from such an accident. In the event of injury to your child, we recognize that CISD, its board of trustees, its agents, and its employees are in no way liable for injuries, medical expense or damage and will have no insurance covering your child. We have made the choice on behalf of our child without any interference from anyone serving or employed by CISD. Dated this \_\_\_\_ day of \_\_\_\_\_ 2022.

Parent Signature: \_\_\_\_\_

### Camp Staff:

Frankie Whitlock - Head Coach - TWHS Girls  
Tim Franciskovich - Asst. Coach - TWHS Girls  
Claire Eiteljorge - Asst. Coach - TWHS Girls  
Kelsa Dykehouse - Asst. Coach - TWHS Girls