

# 2018 Tigard High School Summer Soccer Program



This summer program is for all soccer players aspiring to play for Tigard High School in the fall. The program is designed to provide extra training as well as a chance for staff to work with players prior to the fall season.

## 2018 Summer Schedule

### **Technical Conditioning June Camp**

6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>  
5:30pm @ THS  
Soccer Turf

### **Technical Conditioning July Camp**

10<sup>th</sup>, 12<sup>th</sup>, 17<sup>th</sup>, 19<sup>th</sup>  
5:30pm @ THS  
Soccer Turf

### **THS Soccer Camp August Camp**

6<sup>th</sup>-9<sup>th</sup>  
13<sup>th</sup>- 16<sup>th</sup>  
5:30pm @ THS  
Soccer Turf

### **Summer Program Cost** (Circle selected camps)

- |                                      |       |
|--------------------------------------|-------|
| 1. Technical/ Conditioning June Camp | \$60  |
| 2. Technical/ Conditioning July Camp | \$60  |
| 3. THS Soccer Camp                   | \$120 |
| 4. All 3 camps                       | \$200 |

\* For financial assistance please contact Angelo Simonetti

### **Contact Information**

Angelo Simonetti  
(503)312-8142  
angelo@grapex.com

### **Tryout Dates**

August 20<sup>th</sup> -23<sup>rd</sup> 5:00pm @ THS



@TigardSoccer

### **Payment & Registration Info**

Please make checks payable to: **Tigard High Boys Soccer**  
Mail to: 9000 SW Durham Rd, Tigard, OR 97224  
Drop off at THS Athletic Office **before school ends**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician phone \_\_\_\_\_

Email \_\_\_\_\_

### **Consent to Play**

\*No refund once camp starts. \$30 if canceled within week of start

I (print name) \_\_\_\_\_ as parent/guardian do hereby give my permission for all medical care deemed necessary by a duly licensed doctor of medicine or dentistry for my dependent. This care may be given under whatever conditions are necessary to preserve life, limb or wellbeing for my dependent. I also authorize club volunteers and/or coaches to transport the above named minor to and from medical care. Signature \_\_\_\_\_