



Winter Soccer Camp

Who: Ages 7-16

Where: Lydgate Soccer Fields & Beach Park

When: December 18-20

Time: 8:30am-2:30pm (Friday & Saturday)

8:30am-12pm (Sunday)

Price: \$130

Athlete's Name: _____ **Age:** _____ **DOB:** _____

Years of soccer: _____ **Position:** _____ **T-shirt size:** _____

Soccer Team/Club: _____

Parent: _____

Address: _____

Email address: _____

Phone: _____

Emergency contact name and phone number: _____

Payment amount enclosed: _____

Tentative Schedule:

Friday & Saturday: Morning lesson (College/Nutrition/Cross Training), All group Agility/Strength/Plyometric rotation stations, All group Fast Footwork session, Technical & Tactical rotation stations, afternoon Small Sided Games

Sunday: Morning full field Scrimmage followed by Beach Run/Swim/Core workout

Mail application and check made payable to:

Stricklum Enterprises LLC 2226 Maka'a St. Lihue HI 96766

For further information contact by phone or email: (808) 651-4696 or stricklumenterprises@gmail.com

RELEASE AND WAIVER OF LIABILITY

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously injured. I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity. I have certified to the director, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I have advised the director of any limitations on my child's/ward's activities for medical reasons in writing below. Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless the Adventure Fit Kaua'i Soccer Camp (Stricklum Enterprises LLC), its director and their respective employees from any and all liability, actions, causes of actions, claims or demands for personal injury and/or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. I fully understand that the camp participant will be held responsible for all property damage. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. Including voluntarily swimming at Lydgate Park under supervision of the coaching staff and lifeguard supervision.

I hereby consent to permit the coach and staff working at the Adventure Fit Kaua'i Soccer Camp, Stricklum Enterprises LLC to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

The camp is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken at camp may be used in any promotional materials.

Athlete's Name _____

Any Allergies _____

Other _____

Signature of Parent
or Legal Guardian- _____

Date- _____