

Langham Creek Lobo Soccer Camp **Boys and Girls, Grades K-9 Only**

DATES: June 14-17, 2021, 8:00am – 10:30am, Kindergarten – 9th Grade, Boys and Girls

(****CFISD 7th - 9th grade students will require an athletic physical that may be used for school participation as well)

COST: \$70.00 **PLACE:** Langham Creek HS, enter at gate by bus barn on north side of LCHS

COACHING STAFF: Langham Creek HS soccer coaching staff plus current college soccer players and former Langham Creek Lobo soccer players

The Lobo soccer camp will focus on basic skill development and FUN! This will be a great opportunity to improve various aspects of your player’s technique, compete against other players in a healthy environment and have fun! All pre-registered players will receive a camp t-shirt!

In addition to skill development, players will get the opportunity to create friendships with other players and compete in skills competitions. Players will be grouped into age and skill level appropriate groups.

EQUIPMENT NEEDED:

Players need to bring a soccer ball, shin guards, soccer or other safe athletic shoes, comfortable clothing and a water bottle.

REGISTRATION FORMS AND PAYMENT:

Detach Registration Form below and attach a \$70.00 check or money order. Forms and clinic fee must be mailed in at least one week prior to the event. Please note: **We do take registration on the day of the camp, but this will not guarantee a t-shirt.**

Mailing address: Langham Creek High School, Attn: Pedro Bueno, Women’s Soccer Coach, 17610 FM 529, Houston, TX, 77095.

******PLEASE ...Make check or money order payable to Langham Creek High School******

Questions????????? Pedro.bueno@cfisd.net or 713.907.9871 - mobile

REGISTRATION / CONSENT FORM

(PLEASE PRINT AND FILL IN ALL INFORMATION)

CFISD Parent or Guardian Athletic Participation Consent

Student’s Name: _____ **Home Campus (Fall, 2021):** _____ **Age:** _____

I hereby give my consent for the above named student to participate in school activities including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative.

DATE: _____ **NAME OF GUARDIAN:** _____

SIGNATURE OF GUARDIAN: _____ **PHONE NUMBER:** _____

STREET ADDRESS: _____ **CITY, STATE and ZIP:** _____

EMAIL: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP TO ATHLETE: _____ **EMERGENCY PHONE #:** _____

T-SHIRT SIZE (circle size desired): YS YM YL AS AM AL

