



Licking Heights Little Hornets  
 3<sup>rd</sup> – 8<sup>th</sup> Grade  
**Co-ed Soccer Camp**  
**July 10-12<sup>th</sup>, 2017 6:00 pm- 7:30 pm**



**WHERE:** Licking Heights High School Soccer Fields

**WHO:** Girls and Boys in Grades Pre K – 8<sup>TH</sup> Grade

**COST:** \$35

Learn soccer fundamentals, proper athletic stretching, and conditioning from the Licking Heights Boys & Girls Coach and Team.

PRICE INCLUDES CAMP T-SHIRT, GIVEAWAYS AND LOTS OF FUN

(Participation will be confirmed by e-mail)

Please return the bottom of this form with check to: Licking Heights High School  
 LH Soccer Youth Camp  
 4000 Mink Street S.W.  
 Pataskala, OH 43062

Check for **\$35** should be made payable to: Licking Heights Athletics

Call Coach Rita Pendexter with any questions at (740) 927-9046 and leave message for Lenier Crawford or e-mail me at lcrawford0518@gmail.com

**REGISTRATION DEADLINE FRIDAY, JUNE 15<sup>th</sup>, 2017**

Camper Name _____				
Age _____	Upcoming Grade _____	Female/Male _____		
T-Shirt Size: (circle one)	YOUTH <b>SM</b>	YOUTH <b>MED</b>	YOUTH <b>LG</b>	YOUTH <b>XLG</b>
	ADULT <b>SM</b>	ADULT <b>MED</b>	ADULT <b>LG</b>	
Address _____				
Parent/Guardian Name _____			Phone _____	
Parent E-mail Address _____				
Emergency Contact _____			Phone _____	
I hereby give my permission for emergency medical treatment for _____ (Camper's name) if I cannot be reached. I release Licking Heights High School, staff, coaches, soccer team and all volunteers for the Licking Heights Youth Soccer Camp, from any and all liability from injury and illness which may be incurred while at camp.				
Parent/Guardian Signature _____				