



# BOULDER HIGH SCHOOL BOYS SOCCER

## 2009 PRE-SEASON CAMP

**AUGUST 3-14, 2008 7:00PM-9:00PM • AT BHS RECHT FIELD  
(No Camp on weekend August 8 and 9)**

*BHS Soccer players are highly encouraged to attend this important pre-season camp.*

**FEE:** \$100 per player

***THIS CAMP IS OUR BIGGEST FUNDRAISER OF THE YEAR.  
PLEASE CONSIDER AN ADDITIONAL DONATION TO THE SOCCER PROGRAM.***

Checks are payable to: *BHS - Boys Soccer*

Mail registration and fee to:

**Hardy Kalisher 3795 Birchwood Dr #80 Boulder, CO 80304**

**BRING:** water bottle; soccer cleats; shin guards (required)

**CONTACT:** Coach Hardy Kalisher (303) 250-8343 / coachhardy@gmail.com

### **REGISTRATION FORM (MUST BE COMPLETED):**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fall 09 Grade (circle): 8<sup>TH</sup> FR SO JR SR

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Adult Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital for emergency services: \_\_\_\_\_

### **MEDICAL RELEASE - PLEASE READ AND SIGN BELOW:**

My Child \_\_\_\_\_ has my permission to play soccer. On my child's behalf, I hereby release persons connected with the Boulder High Soccer Camp of liability from risks normally incident to playing or watching soccer. I authorize the coaches or camp officials to obtain medical attention for my child in case of emergency. I release the coaches and officials from responsibility in connection with such medical services.

Player Name: \_\_\_\_\_

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