# **F:\Desktop\2Tompkins Falcons official badge jpg (2).jpg Tompkins Freshmen Soccer Camp 2014**

**Attention Future Falcons Soccer Players!**

We would like to invite you to join the Tompkins Coaching Staff for the 2014 Freshmen Soccer Camp. We are excited to have the opportunity to work with you as you prepare to try out for the Tompkins High School Soccer Program. Our camp will give you the chance to develop your soccer skills, practice drills and scrimmage prior to tryouts. This camp is not mandatory in order to tryout, but the extra practice will be a great asset before tryouts begin.

**Who can come:** Incoming freshmen soccer **boys and girls** players attending Tompkins High School in August 2014.

**Camp Pricing:** Registration $20.00 per camper. **Cash/Checks, payable to KISD Athletics, No Refunds**

**Time and Dates**: Aug 4 – Aug 7 6:00 pm – 8:30 pm

**Location:**  Tompkins High School

Mail your camp registration to OTHS. Final check in will take place the Evening of August 4th.

Address: Tompkins High School, **Attn: Coach Tom Jones,** 4400 Falcon Landing Blvd., Katy, TX 77494. **Email**: thomascjones@katyisd.org

**\*\*\*Must have a current physical on file to participate.\*\*\***

**\*\*\*Please note that this Soccer Fish Camp is different from the OTHS Fish Camp.\*\*\***

**Falcons Freshmen Soccer Camp Registration Form**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Male or Female**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tee-Shirt Size**: S M L XL

**Parent Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Junior High Attended**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any medical conditions, including allergies, or special needs**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, being the individual, parent o legally authorized guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to hold Katy ISD, its Board of Trustees, Administration, and/or Faculty, harmless from all liability for any injuries which my child may receive while participating in this sport camp or facilities. I authorize the Director, supervisor and/or district employee to secure medical services for my child and I accept responsibility for all cost.

**Parent/Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head Coach**: Tom Jones, Lauren Huff