



# Littleton High School

Grade  
Entering  
Fall 2014  
6<sup>th</sup>-12<sup>th</sup>

## Boys Soccer Summer Camp

Camp run by LHS coaching staff focuses on:

- Development of technical skills
- Speed of play, shape and tactical vision
- Small-sided and full-field games

June 2<sup>nd</sup>- June 5<sup>th</sup>, 2014  
6:00pm - 8:00pm  
at Littleton High School  
(LPS Stadium)

Check payable to: SOCCER ELITE

Pedja Vajzovic  
555 E. James St. (c) 303.681.6492  
Highlands Ranch, CO 80126 pejasport@aol.com

\*Bring shin guards, cleats, water bottle, and soccer ball

**\$70**  
t-shirt  
included

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(cut and return w/ payment)

Player's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Grade Entering Fall 2014 \_\_\_\_\_ Club Team (Rec or COMP) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ T-Shirt (Adult) S M L XL

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

(Boys Summer Camp)

### PARENT OR GUARDIAN PERMIT

Warning: Before attending this camp, a physical exam given by a licensed medical physician is highly recommended. Participation in camp activities are generally not hazardous. HOWEVER, PARTICIPATION IN THESE ACTIVITIES INCLUDES AT LEAST A RISK WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC. Although serious injuries are not common, it is impossible to eliminate this risk. Participants can, and have the responsibility to, help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THE COACHING STAFF, TAKE MEDICATION AS PRESCRIBED, AND INSPECT THEIR OWN EQUIPMENT DAILY. By signing this permission form, I acknowledge that I have read and understood this warning. PARENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT REGISTER THEIR CHILD FOR THIS CAMP. I hereby grant permission for, and certify that, my child is fit to participate fully in all Camp activities. I also release the Camp from any and all liability in case of injury and/or loss. I further grant permission to the Camp Directors to obtain medical care from any physician, hospital, or medical provider should my child become ill or injured while under the Camp's care between and including the dates of June 2, 2014 and June 5, 2014 when neither parent can be reached to grant authorization for emergency treatment. Any expenses incurred will be my financial responsibility.

Parent/Guardian Signature \_\_\_\_\_