

# SUMMER SOCCER CAMPS

**Week #1: June 6 - 10**

**Week #2: June 13 - 17**

**Week #3: July 25 - 29**

**Week #4: August 1 - 5**

**At Kapiolani Park**

**Full-Day & Half-Day Sessions available for all skill levels for Ages 5-12**

## <Typical Daily Schedule:>



## <Campers Should Bring:>

- size 3 or 4 soccer ball
  - appropriate foot-wear & shin guards
  - sunscreen, snack, & water
- Campers staying for a full day must bring lunch

Camps will be held rain or shine.  
(subject to City and Council of Honolulu regulations)



日本語のご案内は542-8548までどうぞ。  
For more information, please call 542-8548 or  
email : info@hawaiisoccercamps.com

Register On-line at

[www.hawaiisoccercamps.com](http://www.hawaiisoccercamps.com)

8:30am - 9:00am	Check-in
9:00am - 9:30am	Warm-up & Overview
9:30am - 10:30am	Morning Training
10:30am - 10:45am	-----Break-----
10:45am - 11:15am	Morning Activity
11:15am - 12:00am	Morning Games
12:00pm - 1:00pm	Morning Pick-Up & Lunch
1:00pm - 1:30pm	Afternoon Warm-up & Quiz
1:30pm - 2:00pm	Afternoon Activity
2:00pm - 2:15pm	-----Break-----
2:15pm - 3:00pm	Afternoon Games
3:00pm - 3:30pm	Pick-Up
*Schedule may vary at staff discretion	
<b>Camp Hours: 9:00am to 3:00pm</b> (pick up by no later than 3:30 pm)	

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NAME: \_\_\_\_\_

EMERG. CONTACT: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male / Female SHIRT SIZE \_\_\_\_

CELL: ( ) \_\_\_\_\_ - \_\_\_\_\_

GUARDIAN(S): \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

HOME ADDR: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ Week # \_\_\_\_\_

Full Day (9-3) \$150     Morning (9-12) \$120

\*weekly campers will receive a camp T-shirt

**Daily Rate:**  Full Day (\$40) x \_\_\_\_\_  Half Day (\$30) x \_\_\_\_\_

Extra T-Shirt (\$12)     Group Camp Photo (\$10)

Multi Week & Family Discount (-\$5 on each camp per each camper)

Mail to: HAWAII SOCCER CAMPS  
P O BOX 240277  
HONOLULU, HI 96824

**TOTAL: \$** \_\_\_\_\_

### MEDICAL CONSENT:

I certify that my child is in good physical health and has my permission to participate in all activities associated with hawaiisoccercamps. I acknowledge that soccer is a strenuous activity and it poses some inherent risk of injury. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. I waive all claims of liability against the Honolulu Bulls Soccer Club, its directors, employees, sponsors and associated staff members.

### MEDIA CONSENT

I consent and give permission to Hawaiisoccercamps to photograph my child and the right to copyright, duplicate, display, distribute, and/or publish any such photographs for the purpose of promoting our camps in any form but not limited to, print, electronic, video, and/or internet.

Signature \_\_\_\_\_

Date \_\_\_\_\_