

Campers Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Day phone \_\_\_\_\_  
Group Name (if any) \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_

Check or Circle

June 22- 26, 2009

Morning Session: 9-11am

Afternoon Session: 1-3pm

July 13-17, 2009

Morning Session: 9-11am

Afternoon Session: 1-3pm

August 3-7, 2009

Morning Session: 9-11am

Afternoon Session: 1-3pm

Please submit \$75.00 for each session to: Ohlone College Soccer Program

Ohlone College Athletics  
43600 Mission Blvd.  
Fremont, CA 94539



# OHLONE SOCCER CAMP 2009

JAN NORDMO  
MEN'S SOCCER COACH  
&  
LARRY HESLIN  
WOMEN'S SOCCER COACH

OHLONE COLLEGE ATHLETICS  
43600 MISSION BLVD.  
FREMONT, CA 94539

**OHLONE COLLEGE  
SUMMER**

**SOCCER CAMPS**

**JUNE 22~26, 2009**

**JULY 13~17, 2009**

**AUGUST 3~7, 2009**

**HOURS FOR THE  
SESSIONS ARE**

**MORNING SESSION  
9~11AM**

**AFTERNOON SESSION  
1~3PM**

**COST: \$75.00**

**FAMILY DISCOUNT:  
\$60 PER PLAYER**

**Camper's will be placed on  
teams based on age, size and  
ability.**

**FOR BOYS AND GIRLS  
AGES 6-14**

**Camp held on the  
Ohlone College Soccer Field.**

**SPACE IS LIMITED!**

**\*ANY QUESTIONS CONTACT  
THE SOCCER COACHES  
(510) 979-7961**

**Or**

**(510) 659-6529**

**Please submit check to:  
Ohlone College Soccer Program**

**This flyer may be duplicated.**

**Registration form is also available at:  
[www.ohlone.edu/org/athletics](http://www.ohlone.edu/org/athletics)**

**INSURANCE WAIVER & EXPLANATION**

(Guardian's Name)

HEREBY RELEASE THE  
FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, I  
OHLONE COMMUNITY COLLEGE DISTRICT AND THE STATE OF CALIFORNIA FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITY OF  
ANY KIND, FROM WHATEVER CAUSE, WITHOUT LIMITATIONS, WHICH MAY ARISE FROM DAMAGE, INJURY, ILLNESS, DEATH, OR ACCI-  
DENT OCCURRING TO MY SON OR DAUGHTER.

(Name of Participant)

DURING HIS/HER PARTICIPATION IN THE OHLONE COLLEGE SOCCER CAMP ON JUNE 22-26, 2009, JULY 13-17, 2009, AND AUGUST 3-  
7, 2009. I AGREE NOT TO SUE OR PROSECUTE ANY CLAIM DEMAND, OR SUIT OF ANY KIND, DIRECTLY OR INDIRECTLY, IN RESPECT  
THERE TO. I FURTHER CERTIFY THAT I HAVE ACCIDENT AND HEALTH INSURANCE COVERAGE WITH:

(Name of Insurance Company)

(Policy Number)

I HAVE READ EVERY WORD OF THIS RELEASE

SIGNED

DATED