



ELIZABETH
ATHLETICS

HIGH SCHOOL GIRLS' SOCCER

2024- SUMMER CAMP WAIVER FORM

To Register: Bring this form **completed** with you to **School 23 on Westminster Ave.**

Camp Dates **July 8th- August 1st**

Mondays, Tuesdays, Wednesdays & Thursdays 8:30-12,

Fridays 8:30-11:30

Grade going into in September: **SR / JR / SOPH / FROSH** (circle one)

Last Name: _____ First Name: _____

Age: _____ D.O.B: ____ / ____ / ____ School #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Athlete's Cell #: _____ - _____ - _____ Position Played _____

Please list any medical limitations / allergies / or special needs on line below

Parent/Guardian Name: _____

Relationship to Athlete: _____ Cell #: _____ - _____ - _____

I hereby give permission to my daughter, _____

to attend the HIGH SCHOOL GIRLS' 2024 SUMMER SOCCER CAMP.

Parent / Guardian Signature: _____ Date: _____

Athlete's Signature: _____ Date: _____

EHS Girls Varsity Soccer Head Coach: Mario Kawczynski. Email: Mariokawczynski@gmail.com.
Varsity Assistants: David Ayd, Tyrone Florencia, German Cardona, Xavier Florencia. Alison Gibson.