**RED OAK HAWKS SOCCER CAMP 2025**

When: May 27th-29th (Tuesday-Thursday)

Time: 7:30am to 9:30am

Where: Red Oak High School Turf Fields

Participants: 3rd grade – incoming 9th graders

Cost: $80 per child \*t-shirt not guaranteed if you are not registered by May 6th

The purpose of the Red Oak Hawk soccer camp is to have fun and introduce the basic fundamentals of soccer. Fundamental drills, small sided games, and scrimmages will all be a part of the camp. Players should bring cleats, soccer ball (if you have one), shin guards, and water.

**ONLINE REGISTRATION and PAYMENT ONLY**(please use link below): Your child is REQUIRED to be registered online and pay online to attend camp. The following links will take you to the registration form and online payment information.

**REGISTRATION LINK:** <https://forms.gle/CE43xExrEFPJFSRq8>

**ONLINE PAYMENT LINK:** -<https://www.redoakisd.org/Page/4637>

**Any Questions Email:**

[**Oscar.Lewis@redoakisd.org**](mailto:Oscar.Lewis@redoakisd.org) **(Head Boys Coach)** [**Adam.Prachyl@redoakisd.org**](mailto:Adam.Prachyl@redoakisd.org) **(Head Girls Coach)**

**\*\*\* TO RECEIVE CAMP UPDATES (weather, sick child, etc..) PLEASE JOIN US ON THE SPORTSYOU App.   Download the app on your phone or go online to**[**www.sportsyou.com**](http://www.sportsyou.com/)**to sign up and use the code to:   9N6U-F2EN**

REGISTRATION FORM AND RELEASE (This is online in the google form)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Fall Grade \_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign below: I have read and hereby accept the considerations of my child's participation in the Red Oak Hawk soccer camp. I hereby agree that I will not hold Red Oak ISD, Oscar Lewis, Adam Prachyl or their staff responsible for any loss, damages, or personal injuries that my child may receive as a result of participation. This waiver of liability expressly includes transportation to and from or in connection with the camp. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that the camp provides no medical insurance policy and that I should make sure my child is covered in the event of a serious accident. I also give my permission for any emergency medical care of treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost.

Signature of parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_