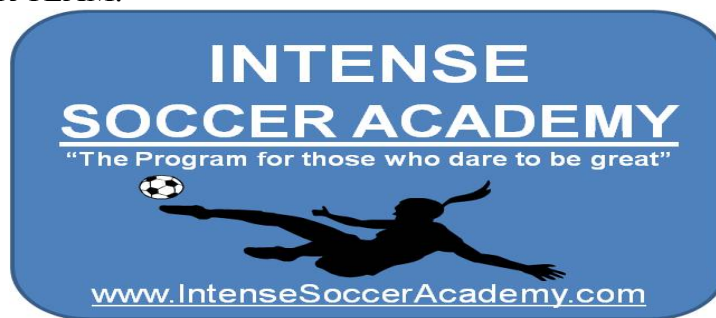


SACHEM EAST GIRLS VARSITY SOCCER PRESENTS **SUMMER CAMP 2012**

Dear Parents:

If you are the parent of a child who will be going into 6th, 7th, 8th, 9th, 10th, 11th or 12th grade, you will not want to miss the 2012 Summer Camp program. **This year's program features a guest speaker, Sue Weber (former women's professional soccer star and high school and college all American), & some of the top staff members from the nationally recognized Intense Soccer Academy (www.IntenseSoccerAcademy.com).** THIS CAMP WILL HELP RAISE FUNDS FOR THE 2012 SACHEM EAST GIRLS VARSITY SOCCER TEAM.



DETAILS:

DATE(s): Monday, August 13, 2012 through Friday, August 17, 2012
TIME(s): 5:00pm-8:00pm (please arrive each day by 4:45pm)
LOCATION: Sachem East High School
TUITION: \$125 per player (checks payable to ISA)

GUEST SPEAKER SUE WEBER:

Former women's professional soccer star, Sue Weber, will be present to speak with campers about her rise in the soccer world from her youth soccer days all the way through her professional soccer career. To read more about Sue Weber, you can visit <http://www.intensesocceracademy.com/home/479197.html>. You will see pictures of Sue playing against some of the best players in the world, including the famous Marta Da Silva from Brazil, Abby Wambach from USA, and Bompastor from France.



Sue vs. Abby Wambach



Sue vs. Bompastor



Sue vs. Brazil's Marta

TO REGISTER. COMPLETE ATTACHED REGISTRATION FORM AND MAIL IN WITH YOUR FULL PAYMENT TO ISA, 5036 JERICHO TURNPIKE, SUITE 305, COMMACK, NY 11725.

TO REGISTER, PLEASE COMPLETE THE REGISTRATION FORM AND SUBMIT THE COMPLETED FORM TOGETHER WITH FULL PAYMENT TO COACH RALPH FORMAN OR BY MAIL TO ISA, 5036 JERICHO TURNPIKE, SUITE 305, COMMACK, NY 11725. YOU MAY REACH COACH FORMAN BY EMAIL TO ivrf4@aol.com.

2012 SUMMER CAMP

NAME: _____ DOB: ____/____/____ GENDER: Male / Female

ADDRESS: _____ PHONE: _____ - _____ - _____

EMAIL: _____

CELL (DAD): _____ - _____ - _____ CELL (MOM): _____ - _____ - _____

SCHOOL NAME: _____ GRADE: _____

LEVEL OF PLAY (check one): Premier Div. 1 Travel/Div. 3 or lower pre-travel

I would like my child to participate in the following camp/clinic programs: *(please check all that apply)*

Payment: make full payment payable to **ISA** and mail to **5036 Jericho Turnpike, Suite 305, Commack, NY 11725** together with this registration form.

Medical Release & Agreement to Hold Harmless

I, _____, PARENT/LEGAL GUARDIAN, OF _____
HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS **SACHEM SCHOOL DISTRICT, SACHEM EAST HIGH SCHOOL, RALPH FORMAN, INTENSE SOCCER ACADEMY, LTD. (TOGETHER WITH SUCH COMPANY'S SPONSORS, TRAINERS, STAFF, EMPLOYEES, CAMPERS, PARTICIPANTS AND PRINCIPALS)** FROM AND AGAINST ANY AND ALL INJURIES THAT MY CHILD MAY SUFFER AS A RESULT OF PARTICIPATION IN ANY INTENSE SOCCER ACADEMY PROGRAM. I RECOGNIZE THAT SOCCER IS A CONTACT SPORT AND THAT IT MAY BE PHYSICALLY STRESSFUL AND TAXING ON MY CHILD. I FURTHER RECOGNIZE THAT MY CHILD'S PHYSICAL AND MENTAL HEALTH CONDITION MUST BE FULLY COMMUNICATED IN WRITING TO RON ALBER OF THE INTENSE SOCCER ACADEMY, LTD. PRIOR TO MY CHILD'S PARTICIPATION IN ANY OF THEIR PROGRAMS. IF I DO NOT COMMUNICATE ANY OF THIS INFORMATION IN WRITING TO RON ALBER OF THE INTENSE SOCCER ACADEMY, LTD., I WILL BE SOLELY RESPONSIBLE FOR ANY ADVERSE CONSEQUENCES. AS OF THE DATE OF THIS DOCUMENT, MY CHILD IS AFFECTED BY THE FOLLOWING PHYSICAL OR MENTAL HEALTH CONDITIONS: _____

x _____
parent/legal guardian of the above-named participant

Date: _____

Sworn to before me this ____
day of _____, 2012

Notary Public, State of New York