



Hoyas Soccer

Harrison High School

4500 Due West Road
Kennesaw, GA 30152

Phone: 404-825-4720

E-mail: steve.riccard@cobbk12.org

Harrison High
School

Harrison Hoya
Summer
Soccer Camp
2012
June 4-7 M-Th



Steve Riccard
404-825-4720
steve.riccard@cobbk12.org

Coaches

Steve Riccard:

- ◆ Cobb County Health & P.E. Teacher 19 years
- ◆ Harrison H.S. Physical Education Teacher
- ◆ Harrison H.S. Varsity Women's Head Soccer Coach
- ◆ USSF "B" License
- ◆ 2001, 2004, 2009 & 2011 MDJ "Cobb County Coach of the Year"
- ◆ ESPN Rise 2011 "National Coach of the Year"
- ◆ 2009 Georgia State Finalist
- ◆ 2011 Georgia State Champions

Jonathan Gross:

- ◆ Harrison H.S. Social Studies Teacher
- ◆ Harrison H.S. Varsity Men's Head Soccer Coach
- ◆ Coach of 2007 Men's 5-A Georgia State Champions
- ◆ 2007 MDJ "Cobb County Coach of the Year"
- ◆ USSF "A" License
- ◆ NSCAA Premier Diploma
- ◆ Over 16 yrs. of coaching experience at the high school, club and collegiate level

Camp Information

Cost of Camp: \$125.00

Make Checks Payable to:

Harrison Hoya Soccer Booster Club

Location: Camp will be conducted on the all-weather sports turf field in the game stadium

Complete the registration and medical release forms with check and mail to: **Steven Riccard**

5506 Clipper Bay Drive

Powder Springs, GA 30127

Registration Form

Camper's Name: _____

Age: _____ Shirt Size _____

Address: _____

City: _____ Zip: _____

E-Mail: _____

Parent Phone #: _____

June 4-7

Monday-Thursday

8-11 yrs old

9:00-12:00pm _____

12-14 yrs old

6:00-9:00pm _____

Medical Release Form

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek appropriate medical attention in the event of accident, injury or illness. I will be responsible for all costs of medical attention and treatment.

I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge the soccer camp staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property, which may be sustained or occur during participating in soccer camp activities or while at camp, whether or not damages, injury or loss due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

Insurance Co.: _____

Policy Holder: _____

Policy #: _____

Parent Signature: _____

Date: _____

Special Considerations:

Unless you notify us to the contrary we can only assume that each person registering for camp is in good physical condition and free of limiting conditions. Please notify us if there is any factor that might limit a person registering for camp so that we can do our best to provide the appropriate services and attention.