

2011 Lisle Soccer Summer Camps



Girls Camp
July 18nd – July 22th
5:00PM – 7:00PM



Boys Camp
July 25rd – July 29th
8:00AM – 10:00AM

Place: Lisle HS Practice Fields

Cost: \$75

What to Bring?

Cleats, Shin Guards, Ball,
Water Bottle, Desire to work

Typical Session:

15 Minute Warm up, 25 Minutes on Ball Skills, 20 Minutes 1v1, Break, 20 Minutes on Passing Drills, 20 Minutes on Shooting, Break, 40 Minutes for Scrimmage (small sided or full field depending on number of players)

If you can't make the designated session, but would like to attend, contact Coach.



These camps are for incoming 9th thru 12th grade.

Anything below 9th, Please contact Coach

Questions? Email Coach Kohorn
coach.kohorn@gmail.com

Application Information

Please fill out the application on the back of this form and send all forms and money to the address indicated before July 10th for Girls camp or July 16th for Boys camp. Any late forms will be accepted, but a T-shirt is not guaranteed.

T-Shirt Size

AS ___ AM ___ AL ___ AXL ___



- **LISLE HIGH SCHOOL SUMMER CAMP REGISTRATION**
- **Camp:** _____ **Fee:** _____
- **Dates Attending:** _____ **Time:** _____
- **Return this form with all other registration materials.**
- **One form per participant – this form may be duplicated.**
- **Make checks payable to: Lisle High School**
- **Please do not send cash.**
- **Please mail to:**
- **Summer Camps – Soccer**
- **ATTEN: Coach Kohorn**
- **Lisle High School**
- **1800 Short St.**
- **Lisle, IL 60532**
- **Age:** _____ **Sex:** _____ **Grade Entering this September:** _____
- **Student Name:** _____
- **Parent/Guardian Name:** _____
- **Street Address:** _____
- **City:** _____
- **Home Phone:** _____ **Work Phone:** _____
- **Emergency Contact**
- **Name:** _____ **Phone:** _____
- **Physician:** _____ **Phone:** _____
- **Insurance Co.:** _____ **Phone:** _____
- **The parent/guardian and participant understand that Summer Camp programs occur in an environment where there are certain risks of physical injury. Persons engaging in activity programs at Lisle Senior High School must have evidence of medical insurance of sufficient coverage to adequately cover the costs of injuries that might occur as a result of participation in athletic programs and camps conducted at Lisle Senior High School. The following statement must be agreed to and signed by the parent or guardian for the participant to be eligible for participation:**
- **I agree to assume the full risk of any injuries and damages or loss which I or the participant may sustain as a result of participating in any and all camps or programs. I also agree to hold harmless Lisle Community School District 202, its board, officers, employees, and its agents in regards to any claims arising from my child's participation in Lisle High School summer camps and summer programs.**
- **Parent/Guardian:** _____ **Date:** _____
- **Participant:** _____ **Date:** _____