



## Lake City High School

# Boys' 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> Grade Soccer Camp

### Attention Middle School Boys Soccer Players!

You are invited to participate in the LCHS Soccer Camp June 18,19 - 4:00 pm – 5:30 & June 20 - 4:00 – 5:00

**Canfield Sports Complex**  
**Address: 5370 N 15th St, Coeur d'Alene, ID 83815**  
Cost: \$65.00 Per Player

(Bring: Shinguards – Cleats – Water)

This camp is designed to help players with technical skills, development & tactical situations in preparation for their future journey to High School soccer.

## SPACE IS LIMITED SO DON'T DELAY & REGISTER BY June 3, 2024

PLEASE MAIL COMPLETED FORM & PAYMENT TO:

Coach Chaz Donovan  
2845 W Broadmoore Drive  
Hayden, ID 83835

**(Make Checks Payable To: Lake City Boys Soccer)**

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**Registration Form**  
**LCHS 2024 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> Boys Soccer Camp**



**Player Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade (In Fall 2024):** \_\_\_\_\_

I know of no health concerns which may affect my son's ability to safely participate in this camp and I hereby authorize the Lake City Boys Camp Staff to act on my behalf according to their best judgment in any emergency requiring medical attention. I hereby release and hold harmless the Camp, Coaches, Staff & Lake City High School from any liability for any injuries incurred while at Lake City Boys Soccer Camp

Parent / Guardian (Print): \_\_\_\_\_

Parent / Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_