

**CHEROKEES**

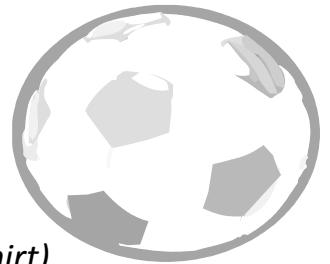


**WARRIORS**

# **SOCCER CAMP**

**Camp Dates: Tuesday, May 29<sup>th</sup> - Thursday, May 31<sup>st</sup>**

**TMHS Practice Football Field  
(Behind High School Field House)  
9am-12pm**



**Camp Fee: \$30.00** *(includes TM Soccer Shirt)*

**\$20.00 children of TMISD employees**

**\$20.00 (per child) multiple children discount**

**Open to ages 8-14 (boys & girls)**

Camper's Name: \_\_\_\_\_ Grade('18-'19): \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

T-Shirt Size: YS YM YL AS AM AL AXL

***Please make checks payable to TMISD***

***(must include drivers license number)***

FOR MORE INFORMATION CALL (361) 903-6725

or email [arichards@tmisd.esc2.net](mailto:arichards@tmisd.esc2.net) or [dmachalick@tmisd.us](mailto:dmachalick@tmisd.us)

*Waiver Claim:* I, as a parent or guardian, hereby give permission for my child to participate in the Tuloso Midway Soccer camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the coaches of the camp to act for me according to their best judgment in an emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through my family medical insurance or otherwise) incurred due to sickness or injury.

*Signature of parent /guardian:* \_\_\_\_\_