

BOBCAT SOCCER CAMP

SUMMER 2026 | GRADES K - 12

DATES: Monday, July 13th - Thursday, July 16th

QUESTIONS: Call Coach Jonathan Liechty - 815.797.2230

LOCATION: Somonauk High School Soccer Fields
501 W Market St | Somonauk | IL | 60552

TIMES: K - 5th Grades (4:30 PM - 6:00 PM)
6th - 12th Grades (4:30 PM - 7:00 PM)
.... Thursday 7/16 - all grades will be done @ 6pm

COSTS: Grades K - 8 = \$60.00 Includes Camp T-Shirt
Grades 9 - 12 = \$100.00 Includes '26/'27
Hyper-Customized Home Game Uniform

MAIL SIGN UPS TO: Somonauk High School
ATTN: Jonathan Liechty
501 W Market St
Somonauk, IL 60552

MAKE CHECKS PAYABLE TO: Somonauk High School

DEADLINE: To receive a **Camp Shirt**, forms must be submitted by **5/15/26**. Sign-ups after May 15th are still accepted, but will not include a shirt.

CAMPER REQUIRED GEAR: Please bring **shin guards** and a **soccer ball**. (K-2 players get a custom ball on Day 1)

REMIND: Sign up for our **Remind Group** (on the back of this sheet) for all camp news and updates.

Registration Card + Waiver

Player Name: _____ Grade Entering Fall 2026: _____
(First) (Last)

Address: _____ City: _____

Zip: _____ Phone #: _____

Emergency Contact: _____ Emergency Phone #: _____

Allergies or special needs: _____ Medical Insurance Carrier: _____

> T-Shirt Size Grades **K - 8 ONLY** : (Circle)

YOUTH SIZES:

YS

YM

YL

ADULT SIZES:

S M

L

XL

+ Home Jersey Size Grades **9 - 12 ONLY** : (Circle)

ADULT SIZES:

S

M

L

XL

XXL

+ Home Short Size Grades **9 - 12 ONLY** : (Circle)

ADULT SIZES:

S

M

L

XL

XXL

+ Soccer Cleat Size Grades **9 - 12 ONLY** _____

!!!! WAIVER & EMERGENCY AUTHORIZATION TO SIGN ON BACK OF THIS !!!!!

Waiver and Indemnification

I, the undersigned, hereby release, discharge, indemnify, and hold harmless the 2026 Bobcat Soccer Camp (the "Camp") and its owners, employees, representatives, and agents (the "Releasees") from any and all claims, demands, liabilities, damages, or causes of action for personal injury (including death) or property damage sustained by the Player or any third party, arising out of or in connection with the Player's participation in any Camp event or activity. This release extends to claims based on the negligence of the Releasees.

Emergency Medical Authorization

In the event that I cannot be reached in a timely manner, I authorize the 2026 Bobcat Soccer Camp representatives and the designated Emergency Contact to consent to any medical, surgical, or dental examination, diagnosis, or treatment deemed necessary by a licensed health care provider for the Player's health and safety.

***I agree to the above Waiver & Emergency Authorization (initial) : _____**

***PARENT/GUARDIAN SIGNATURE _____ Date _____**

Tell people to text @bssc2026 to the number 81010

They'll receive a welcome text from Remind.

If anyone has trouble with 81010, they can try texting @bssc2026 to (510) 478-9062.

