

HEAD COACHES

SOCCER

Head Coach Scott Sloan
ssloan@wcpss.net

BASKETBALL

Head Coach Pat Kennedy
pkennedy@wcpss.net

GIRLS LACROSSE

Head Coach Michelle Kline
klinem@franklinacademy.org

BOYS LACROSSE

Head Coach Joe Cinosky
Joe.cinosky@gmail.com

VOLLEYBALL

Head Coach Jessica Furlough
jfurlough@wcpss.net

BASEBALL

Head Coach Thomas Ferrara
tferrara@wcpss.net

**CAMPS WILL TAKE PLACE
@ HERITAGE HIGH SCHOOL
CAMPUS IN WAKE FOREST**



CAMP DIRECTORS PAT KENNEDY & SCOTT SLOAN



Pat Kennedy is currently the Heritage Husky Athletic Director and Head Women's Basketball Coach.



Varsity Soccer Coach; Scott Sloan recently led the Men's Varsity Team to a 2nd Place CAP 8 Finish and the Women to a 2nd Round NCHSAA State Playoff appearance.



HERITAGE HIGH SCHOOL 2018

Boys and Girls Summer Sports Camps



Boys and Girls Camps
June 25-28



Register online at
**HERITAGE
HUSKIES.COM**

Dates/Times/Cost

Soccer Camp for Boys and Girls

June 25–28 5:30 - 8:00

\$90 Ages: **Rising 3rd - Rising 9th Grade**

Lacrosse Camp for Boys Only

June 25–28 5:30 - 8:00

\$90 Ages: **Boys Rising 3rd - Rising 9th Grade**

Lacrosse Camp for Girls Only

June 25–28 5:30 - 8:00

\$90 Ages: **Girls Rising 3rd - Rising 9th Grade**

Basketball Camp for Boys and Girls

June 25–28 5:30 - 8:00

\$90 Ages: **Rising 3rd - Rising 9th Grade**

Volleyball Camp for Girls

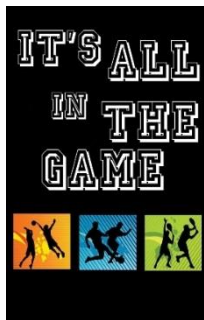
June 25–28 5:30 - 8:00

\$90 Ages: **Rising 3rd - Rising 9th Grade**

Baseball Camp for Boys

June 25–28 5:30 - 8:00

\$90 Ages: **Rising 3rd - Rising 9th Grade**



Each Camper will receive an HHS Sports Camp T-shirt for their participation in the camps.

Camp Necessities

Campers should bring a water bottle and wear athletic attire and sunscreen to outdoor camp each day. Campers should wear appropriate attire to indoor camps.

Location

The camps will be held on the campus of Heritage High School. An acceptance letter and campus map will be emailed to each participant upon receipt of his/her registration.

Enrollment

Applications will be accepted on a first come, first serve basis. Payment must accompany application.

**Please make checks payable to:
HHS Athletic Boosters**

**Mail Registration and money to:
Camp Director Scott Sloan
Heritage High School
1150 Forestville Road
Wake Forest, NC 27587**

Refund Policy

Requests made less than seven days prior to the start of a session will incur a \$15 charge. There will be a \$20 fee for checks returned by bank. Refunds must be requested.

Additional information

Contact Camp Director Scott Sloan at ssloan@wcpss.net with any additional questions or visit heritagehuskies.com.



Boys Lacrosse (June 25-28) Soccer (June 25-28) Girls Lacrosse (June 25-28)

Basketball (June 25-28) Volleyball (June 25-28) Baseball (June 25-28)

Name: _____

T-Shirt Size Youth: S M L Adult: S M L XL

Address: _____

City: _____

Zip: _____

Parent Name: _____

Home Phone #: _____

Cell Phone #: _____

Grade Next Fall: _____

School Next Fall: _____

Male Female

Email Address: _____

Liability Release

I request that my child be permitted to participate in the identified sport/athletic Camp activity and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risk of serious injury. I will counsel my child so he/she understands that it is important for his/her safety and the safety of others, to follow all instructions of the Camp coaches and staff. I agree that I am responsible for my child's conduct while he/she is at camp.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release, discharge and hold harmless the Camp, Wake County Public School Systems, Heritage High School Athletics, its coaches, volunteers, employees and agents from all liability, claims, costs, and expense, arising out of these activities which may result in injury or illness to my child.

I am the parent/legal guardian of the child. I further agree that the Camp Staff and Heritage High School Athletic Department are authorized to obtain and authorize emergency medical treatment for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself I further release the Camp, School System, HHS Athletic Department, and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Health Insurance Company: _____

Policy Number: _____

Legal Guardian Name: _____

Employer: _____

Signed: _____

Date: _____