

Release / Waiver Form

I hereby give my child permission to participate in the Southern Chester County Soccer Camp. I certify that he/she is physically fit and capable of participation in strenuous physical activity. I understand that Southern Chester County Soccer Camp, its director and its staff are not responsible for any accident or injury to my son/daughter from or in connection with the camp and any of its activities.

Parents / Guardian's

Signature: _____

Date of signature _____

Authorization to Consent to Medical Treatment

"In the event that medical attention/treatment is required for _____ (son/daughter), I authorize Southern Chester County Soccer Camp, its director and its staff to give consent to such medical attention/treatment when efforts to contact me are unsuccessful. I understand that every reasonable attempt will be made to contact me."

Parent's/Guardian's Name :(please print)

Parent's/Guardian's Signature: _____

Date: _____

Emergency Phone Number: _____

Medical Insurance Carrier:

Insurance Policy#: _____

Family Physician: _____

Phone Number _____

List any special instructions to follow in case of injury or medical conditions staff should know:

Southern Chester County Soccer Camp
Richard Garber - Camp Director
110 Deer Creek Crossing
Kennett Square, Pa. 19348

Send registration information with full payment or the correct nonrefundable deposit to:

2010
Southern Chester
County
Soccer Camp



July 26th thru July 30th
(Ages 7 through 15)

Unionville High School
Kennett Square, Pa.

Players will be divided into groups based
on age and ability

The purpose of the staff at the Southern Chester County Soccer Camp is meet the demands of the beginner as well as the more serious soccer player in an intense but fun environment. We will use technical and tactical training as well as creative skill games in developing our camper's skills. Playing experience although helpful is not a requirement. Our goal as a staff is to make our students have an appreciation of the game of soccer and to take what they have learned and apply to their soccer development.

Rich Garber
Camp Director

Southern Chester County Camp
2010 Application
Please Print Clearly

Registration

- Boys and Girls - ages 7 through 15
- Campers will be grouped based on age and ability.
- We will attempt keep teams together to train upon requested.
- Registration will be limited due to facility and staffing. It will be on a first-come basis.
- All Campers registering 7 days before the start of camp will be guaranteed to receive a soccer ball.

Some of the topics to be covered

Technical sessions **Tactical Sessions**

- Feints and Dribbling
- Receiving
- Passing
- Finishing
- Heading
- Crossing
- Principals of Attack
- Principals of Defense
- Combination Play
- Possession
- Runs off ball
- Transitional Play



Sample Camp Schedule

8:30	Camp begins
8:30 - 10:00	Technical Sessions
10:00- 10:45	Technical/Tactical Sessions
10:45 - 12:15	Tactical Sessions
12:15 - 1:00	Full or Short Sided Games
1:00	Camp Ends

Parents should pick up campers at 1:00.

- Unionville High School Varsity Coach
- Former Unionville Girls Varsity Coach
- USSF "A" Licensed Coach
- Delaware ODP State Staff Coach
- West Chester University - Tri-Captain
- Health/PE Teacher - Patton MS.

Camp Fee payable to:
Richard Garber

1st Child
\$160 per individual



Second Child
\$145 second Child in Family

\$3 or More Children
\$115 third child in family

Example:
3 children on week - \$420 (160+145+115)

*Full payment or a \$60 non refundable
Deposit should be sent with registration.*

Team Price:

- If 8 or more players attend from a travel team, a reimbursement of \$15.00 will be given. Please specify what team you are on.
- Coaches: If you have a specific topic /topics, please contact the director.

Contact information

Camp e-mail: **uhssoccer1@comcast.net**

Camp Phone number: **610-639-8227**

Name _____
Address _____
City/State/Zip _____
Phone _____
Circle one - Male Female
Birthdate _____ Age _____
Grade/Fall 2010 _____
School District _____
Travel Team/Coach _____

Camp T-shirt Size: (circle one)
Shirt Size YL AS AM AL AXL

Ball Size #4 #5

Parent's/Guardian's Information:

Name: _____
Address: _____

Home Phone: _____

Work Phone: _____

Do you want e-mail conformation?

Yes No, not necessary

E-mail _____

Office use only
Payment: _____
Check # _____
Date _____