

2017 Jeff Alder SOCCER CAMP

PRESENTED BY SOCCER MANIA
LIBERTY UNIVERSITY



(434) 473-9214
jtalder@liberty.edu

INDIVIDUAL DAY CAMP - FOR BOYS AND GIRLS

July 10-13, 2017

Group 1: 9 a.m.-Noon
Cost: \$125 (ages 5-10)*

Group 2: 1 p.m.-4 p.m.
Cost: \$125 (ages 11-17)*

The purpose of this camp is to offer the novice and experienced player an opportunity to develop his or her individual and team skills. The goal is to improve each camper's technical skill and tactical awareness.

Campers are divided into groups based on age, experience, and ability. These groups rotate among various skill stations during each session where they receive guidance from our coaching staff.

CAMPER BENEFITS

- ✓ Daily devotions
- ✓ Technical training
- ✓ Tactical training
- ✓ Camp ball[^]
- ✓ Small-sided games
- ✓ Liberty soccer T-shirt[^]

[^]Must register by June 10 to receive a camp ball and Liberty Soccer T-shirt.

CHECK-IN

Group 1:
July 10 at 8:45 a.m.
Thomas Indoor Soccer Center

Group 2:
July 10 at 12:45 p.m.
Thomas Indoor Soccer Center

The camp is open to any and all entrants (limited only by number, age, grade level, and/or gender.)

There is a \$5 multichild discount for the second/third child that attends camp. (A completed registration form and deposit is required for each child).

APPLICATION

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT WITH THE NONREFUNDABLE DEPOSIT TO RESERVE YOUR SPACE AT CAMP.

INDIVIDUAL DAY CAMP

Morning: Group 1 – \$125
*Required Deposit – \$30:
Afternoon: Group 2 – \$125
*Required Deposit – \$30:

Total for soccer camp: _____

Less deposit amount: _____

Multichild discount: _____

Balance due July 1: _____

***Deposit must be received by the deadline in order to receive a Liberty University T-shirt and camp ball.**

Return your nonrefundable deposit and application to:

**SOCCER MANIA
204 WYNDPARK CIRCLE
LYNCHBURG, VA 24502**

MAKE CHECKS PAYABLE TO SOCCER MANIA.

(Print or type)

Camper's name: _____

Cell phone: _____

Parent's name: _____

Cell phone: _____

Male: ____ Female: ____ Age (on day of camp): _____

T-shirt size (shirts will shrink)

Youth (circle) S, M, L • Adult (circle) S, M, L, XL

Include your email address to receive the confirmation letter.

Email: _____

SPONSORS:



We are Physical Therapy...
Our goal is your success
(855) 722-8478



4003 Wards Road
(434) 239-2557
River Ridge Mall
(434) 237-5231
www.cfalynchburg.com

MEDICAL INFO

Emergency contact name and phone number:

_____/_____

Physician name and phone number:

_____/_____

Date of last tetanus toxoid:

Allergic reactions? ___No ___Yes (if yes, list allergen)

Medication presently taking:

Past illness or other information that would be useful in the event treatment is necessary:

Health insurance company: Agent's name:

Policy number: Phone number:

Any instructions regarding your insurance?

Parental Consent Form

This completed form will enable health facilities in Lynchburg and camp medical staff to provide prompt care to your minor son or daughter. All areas of this form must be completed prior to camp registration.

I/We, the undersigned, hereby certify that I/we am/are the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the period of the camp, appropriate medical attention for the camper. This includes medical attention to be given in the event of an accident, injury, or illness. I/we will be responsible for any and all cost of medical attention and treatment.

any sport, injuries can occur, and we hereby admit that our child is physically and mentally capable of participating in soccer and camp activities.

I/We represent that I/We have sought the opinion of our child's pediatrician,

_____, and he

concur that _____ is fully capable of safely engaging in these activities.

I/We also understand that it is my/our responsibility in caring for the camper listed above to assure that he/she is fully capable of engaging in this sports activity, and I/we are confident that he/she is able to engage in such sport.

I/We, the undersigned, for ourselves and as guardian(s) of

(camper's name)

understand that soccer is an active, physical sport and that injuries can take place during play. I/We understand that, as with

Signature(s) of parent or guardian:

Date: _____

Fill out the application and parental consent form and return it with your deposit to reserve your space at camp.