

Warwick Boys Soccer Camp

Boys Entering Grades 4-10

Monday, July 26 - Friday July 30, 2021

8:30 am - 12:30 pm

***Individual ball skills *Soccer-specific fitness *Match Play
*Small-sided games *Tactical demonstrations *Camp Shirt
\$100 for 20 hours of instruction**

Our camp's goal is to create a learning environment that focuses on technical skills and confidence with the ball. We want to encourage creativity on the field while enhancing the player's passion for the game.

Campers should wear athletic clothing, shin guards and cleats, and bring a snack and water bottle each day. Please contact doconnor@wvcasd.org with questions.

Camp Directors:

- Denis O'Connor - Varsity Boys Soccer Coach, Varsity Girls Lacrosse Coach, Warwick High School History Teacher
- Beau Thompson - Clarkstown South Soccer Coach, former WVCSD soccer player

Former and present Warwick Varsity Soccer players and coaches will make up the rest of our staff.

Warwick Boys Soccer Camp

APPLICATION FORM

Player's Name: _____

Grade (in September): _____

Mailing Address:

Email: _____

Parent/Guardian Name: _____ Cell: _____

Parent/Guardian Name: _____ Cell: _____

Medications or Medical Concerns: _____

Emergency Contact Name and Number: _____

T-shirt size (All campers will receive a shirt. Preferred size only guaranteed if application is received before deadline.)

Adult size: small medium large x-large

Payment Due July 1st. We are only accepting 75 applicants.

Please return completed application and waiver and check for \$100 made out to:

"Purple Champions Boys Soccer Booster Club"

% Denis O'Connor, 17 Carpenter Road, Chester, NY 10918

Waiver

I hereby authorize the staff of the Warwick Boys Soccer Camp to act for me according to their best judgement in any emergency requiring medical attention for my child. I hereby waiver and release Warwick Boys Soccer Camp, Purple Champions Club, Warwick Valley Central School District and all camp employees and volunteers from any and all liability for any and all injuries and/or illness incurred while at camp. I have adequate medical insurance and will be responsible for any and all costs of medical attention and treatment.

I fully understand that the camp participant will be expected to act appropriately and follow all camp rules or possibly be removed from camp with no refund.

I hereby warrant that my child is in good physical condition and is capable of participating in the program.

Parent/Guardian Signature

Printed Name

Date