



Warwick Boys Soccer Camp

Boys Entering Grades 4-10

Monday, July 25 through Friday, July 29

8:30 a.m. - 12:30 p.m.

\$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.

- Individual Ball Skills
- Soccer-Specific Fitness
- Match Play
- Small-Sided Games
- Tactical Demonstrations
- Camp Shirt

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

Camp Directors

- Denis O'Connor: Varsity Boys Soccer Coach, Varsity Girls Lacrosse Coach, WVHS history teacher
- Beau Thompson: Clarkstown South Soccer Coach, former WVCSD soccer player
- Current and former WVHS Varsity Soccer players and coaches will make up the rest of our staff

Application and waiver on following pages.



Warwick Boys Soccer Camp Application Form

Player's Name: _____

Grade: _____
(in September 2022)

Mailing Address: _____

Email: _____

Parent/Guardian Name: _____

Cell: _____

Parent/Guardian Name: _____

Medications or Medical Concerns: _____

Emergency Contact Name and Number: _____

T-shirt size (circle one)

Adult size: small medium large x-large

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

Payment due by July 1, 2022. We are only accepting 75 applicants. Please return completed application (this page), waiver (next page), and check for \$100 payable to:

Purple Champions Boys Soccer Booster Club
c/o Denis O'Connor
17 Carpenter Road
Chester, NY 10918



Warwick Boys Soccer Camp 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: _____