

Warwick Girls Soccer Camp



**Monday August 2nd to Thursday August 5th
4pm to 6:30pm at Sanfordville Elementary School
For Girls Entering Grades 3-8**

Cost: \$100

*Our camp's goal is to improve individual skills and confidence with the ball as well as tactical development. We hope to bring out a player's enthusiasm, creativity and passion for the game of soccer in a positive environment.

*Each player will receive a camp T-shirt.

*Coaches at the camp will include Head Varsity coach Katlyn Chester, Assist. Varsity coach Dana Rende, as well as former and current varsity players.

*Typical day will include stations developing individual skills, small- sided games, tactical concepts, and games.

*Campers should wear athletic clothing, shin guards, cleats and bring a water bottle and snack each day.

*At this point in time, based on current health and school guidelines, masks will be optional for all players participating in the camp. This is still subject to change so please make sure to have a mask with you if necessary.

*****Payment Due with Registration Form.** We are only accepting 50 applicants.

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

“Purple Champions Girls Soccer Club”

Katlyn Chester, 9 Harker Hill Drive, Hamburg, NJ 07419

Warwick Girls 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 not guaranteed, we will do our best to accommodate all preferences)

Child size: Medium Large X-Large Adult size: Small Medium

Waiver:

I hereby authorize the staff of the Warwick Girls 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 Girls 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