HORSEHEADS VARSITY "H"
GIRLS SOCCER
SUMMER CAMP

To Register:
Complete the registration form below.
Read the AUTHORIZATION FORM on the reverse side and sign it in the designated area, detach and **MAIL ONLY THE REGISTRATION FORM** to:

HORSEHEADS CENTRAL SCHOOL
ATHLETIC DEPARTMENT
ONE RAIDER LANE
HORSEHEADS, NY 14845

PLEASE BRING PAYMENT TO FIRST DAY OF CAMP

$85.00 **MAKE CHECKS PAYABLE TO:**
HORSEHEADS VARSITY "H" CLUB

NAME_____

ADDRESS_____

CITY_____

STATE_____ ZIP_____

PHONE_____

AGE_____

SCHOOL_____

GRADE FALL 2018_____

SHIRT SIZE: YS YM YL
(circle one) AS AM AL AXL AXXL

HORSEHEADS ATHLETIC OFFICE
ONE RAIDER LANE
HORSEHEADS, NY 14845
607-739-5601

HORSEHEADS VARSITY "H" GIRLS SOCCER CAMP

July 30th-August 2
Grades 1-12
8:30-11:30

SPONSORED BY:
HHS VARSITY "H"

GENERAL CAMP INFO

***CAMP DATE*:** July 30- August 2

***CAMP TIME*:** 8:30-11:30

***CAMP LOCATION*:** Horseheads MIDDLE School/behind Middle School Fieldhouse

***EQUIPMENT REQUIRED*:** Socks, shin guards, cleats and or flats, water bottle and snack.

***REGISTRATION FEE*:**

$85.00
This includes a camp T-shirt

****BRING PAYMENT ON FIRST DAY**
Make checks payable to:
Horseheads Varsity "H"

COACHING STAFF:

Henry Ferguson
Girls Varsity Coach

Lee Spencer
Girls JV Coach

Greg Stevens
Girls Modified Soccer Coach

CAMP PHILOSOPHY

The goal of this camp is to identify the athletes not only on the basis of age but also their ability. All ages and abilities will have opportunities to improve their soccer skills and knowledge. We provide a fun and fulfilling experience with the competitive edge necessary for all players to improve.

CAMP SCHEDULE

Attendance/Run/Stretching
Warm-Up Game
Skills and Drills (Stations)
Small Sided Games
(4 v. 4 v. 4, 6 v. 6 v. 6, etc.)
Team Concepts
(Marking, Transition, etc.)
Full Field Scrimmage

AUTHORIZATION

WE THE UNDERSIGNED PARENT OR GUARDIANS OF _____A MINOR, DO HEREBY AUTHORIZE THE DIRECTORS OF THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM, OR THEIR DESIGNEE, TO SELECT HOSPITAL FACILITIES AND/OR A PHYSICIAN OF THEIR CHOICE AND AUTHORIZE TREATMENT OF THE ABOVE NAMED CAMPER ON AN EMERGENCY BASIS IN THE EVENT THAT TREATMENT BECOMES NECESSARY DURING THIS SPORTS CAMP. WE HEREBY GRANT PERMISSION TO PARTICIPATE IN THE CAMP PROGRAM ANDACKNOWLEDGE THAT THE CAMPER NAMED IS PHYSICALLY FIT TO PARTICIPATE IN ALL CAMP ACTIVITIES. THE ATHLETE WILL OBEY ALL SCHOOL DISTRICT RULES AND REGULATIONS OR IS SUBJECT TO DISMISAL FROM THE PROGRAM AND BE SENT HOME IMMEDIATELY. THE SIGNATURE OF THE PARENT OR GUARDIAN ACKNOWLEDGES THEIR WILLINGNESS TO ENROLL THE CHILD IN THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM UNDER THE CIRCUMSTANCES STATED ABOVE. THE SIGNATURE OF THE PARENT OR GUARDIAN RELIEVES THE HORSEHEADS VARSITY H CLUB, THE HORSEHEADS CENTRAL SCHOOL DISTRICT, AND THEIR DELEGATED REPRESENTATIVES FROM ANY AND ALL FINANCIAL RESPONSIBILITY.

Parent/Guardian: _____

Please print

SIGNATURE(PARENT)_____

HOME_____ WORK_____

PHYSICIAN_____

DATE SIGNED_____