

Beecher Hills Soccer Club, Inc.

Of the South Atlanta Soccer League

2011 Evening Summer Camp

Practice like a champion today, and practice like a champion tomorrow, and soon you won't have to practice "like" a champion, but rather "as" a champion!

For All Ages

Cost: \$75.00

Bring Snacks, Baseball Cap, Large Towel & Water Bottle – Shin guards required

Players must wear shin guards to all sessions

Week 1 – June 20th – 24th Introduction of Cardio, Core and Skills Training

Week 2 – June 27th – July 1st Cardio, Core, Skills Training and 3v3 Intro

Week 3 – July 5th – 8th Skills Drills, Game positioning and 3v3 Schedule

Week 4 – July 11th – 15th Skills Drills, 3v3 Tournament, and Camp Rap-up

Locations: _____ Romar Academy _____ South Atlanta Soccer Association

Romar Academy

Tramell Crow Park

2148 Newnan St.

4980 Cascade Rd.

East Point, GA 30344

Atlanta, GA 30331

Times: 3:00pm – 5:00pm

6:00pm – 8:00pm

Registration

Player's Name: _____ Current Age: _____ Date of Birth: _____

Please list Allergies the player has: _____

Please list others medical conditions: _____

Additional Player

Player's Name: _____ Current Age: _____ Date of Birth: _____

Please list Allergies the player has: _____

Please list others medical conditions: _____

Parents/Guardian Name: _____

Phone: _____ Cell: _____ Email: _____

Insurance Co: _____ Policy #: _____

List Other Emergency Contacts: _____ Relationship: _____ Phone: _____

As parent/guardian of the above player(s), I agree to hold harmless Beecher Hills Soccer Club, Inc., Romar Academy, South Atlanta Soccer Association/League and US Club Soccer, facilitators, participants and/or volunteers supervising or transporting participants to and from any and all soccer activities from any claims arising out of injury or incident to my child/children. My son/daughter has received a physical examination by a physician within the last 90 days and has been found physically capable of participating in an athletic program. I also hereby give my permission for any and all medical attention to be administered to my child/children in the event of accident, injury, sickness, etc. under the direction of BHSC staff members, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Signature: _____ Date: _____

For questions or details email us at: admin@bhsoccerclub.org Voice mail 404-510-9119 or Call Jay Amos 678-910-1177 or Yvette Glass 678-662-7146

There will be a 3v3 soccer season during this summer Camp!!!!