

Pulaski County Soccer Camp



Come join us for a week full of soccer! Campers will learn the skills of the game while incorporating them into fun-filled games. Each coach has played at the collegiate level and has experience in helping young athletes develop their skills.

Where: Randolph Park Soccer Fields

When: August 2nd through 6th, 2010

Time: 9AM to 4PM

Ages: 8-16

Cost: \$60 (9AM-12PM option available for \$30)

What to bring:

sunscreen, water bottle, shin guards, shoes, bathing suit and towel.

What to expect: Each morning the campers will start off with a general group warm up where they will prepare for the day's events by stretching and playing a game together. Campers will then be broken up into age groups where they will learn about the skill of the day and participate in drills.

Campers will have the opportunity to enjoy the Randolph Park Pool every morning so remember your swim suit and towel!

Warm lunches will then be provided by the PCHS cafeteria each day and then the afternoon will be spent playing games centered around the skill of the day and participating in some friendly competitions.



Inclement weather notice: in the event of heavy rain or thunder storms, campers will take cover under park shelter s until the weather subsides.

Registration closes Monday, July 26th.

Checks are payable to the "County of Pulaski"

Please fill out the back and return to the Randolph Park Front desk

PULASKI COUNTY SOCCER CAMP

REGISTRATION FORM

Full Name: _____

Age: _____ Gender: F M Playing Experience (in years): _____

Any known allergies (asthma, bees, peanuts, etc.):

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

WAIVER FOR PARTICIPATION BY PARENT

I hereby certify that the above information is true, that I am the parent or legal guardian of the above child, and that I approve of his/her participation in the above activity. I agree that in the event of serious injury that my child has my permission for coaches and/or Randolph Park staff members to seek medical treatment. Also, in consideration of your accepting my child's entry, we the parent and the participant waive and release any claims for damages we may have against any entity, including, but not limited to the County of Pulaski, Virginia and their designees or helpers for any injuries suffered by me or my child at any activity sponsored by such agency. My child and I understand that the County of Pulaski, Virginia and its employees are not responsible for any items lost or stolen while in attendance of the camp and therefore will leave them at home unless necessary.

I understand that I must sign my child in at the beginning of the day and sign my child out at the end of the day. If I am not able to do so, I agree to allow the following person(s) to do so for me:

Name: _____

Phone: _____

Name: _____

Phone: _____

I give permission to allow my child's picture to be taken by recreation staff and/or media for newspaper articles and usage on the Pulaski County Recreation website: YES _____ NO _____

Parent/Guardian Signature: _____ Date: _____