

CHIEFS SOCCER CAMP 2019

AT CARDINAL GIBBONS HIGH SCHOOL

SESSION 1: JUNE 10-14

SESSION 2: JUNE 17-21

Cost: \$175 All sessions are 8:30-12:00 and are open to boys and girls ages 5-14.

ADVANCED CAMP: JUNE 17-20

Cost: \$100 Advanced camp time is 1:15-3:15 and is open to incoming 9th Grade boys and girls.

COACHING STAFF:

Camp is directed by Margo Flack, Varsity Girls Soccer Coach and Rafael Ferreiro, Varsity Boys Soccer Coach. Your child will be instructed by members of the Cardinal Gibbons soccer coaching staff, collegiate players and current players from Cardinal Gibbons.

DAILY SCHEDULE:

Players of all levels will be grouped according to age and skill level. Each day will consist of technical skill work and applying those skills to games. Outdoor and indoor soccer activities are planned, and each child will have the opportunity to improve all aspects of their game, while having **FUN!** Rainy day? Don't worry, we have activities planned to accommodate our summer weather too! At the end of each week, each camper will receive an evaluation.

4 DAY ADVANCED CAMP:

This camp will allow campers to improve their skills in specific positions, and will give them the opportunity to train with the Cardinal Gibbons teams. This camp is coached by the Cardinal Gibbons Soccer coaching staff.

EQUIPMENT:

Each camper will receive a camp t-shirt, but must bring the following: shinguards, soccer ball, cleats and sneakers, sunscreen and water. Snacks will be available to purchase from our concession stand.

QUESTIONS:

Contact Margo Flack at (954) 650-2093 or flack@cghsfl.org

REGISTRATION INFORMATION

NAME: _____ AGE: _____ GRADE ENTERING: _____

CURRENT SCHOOL: _____ SCHOOL NEXT YEAR: _____

ADDRESS/CITY/ZIP: _____

EMAIL ADDRESS: _____

CONTACT NAME: _____ NUMBER: _____

EMERGENCY CONTACT NAME & NUMBER: _____

SOCCER EXPERIENCE: None: _____ Recreation: _____ Travel: _____ Other: _____

SESSION 1: _____ SESSION 2: _____ ADVANCED CAMP: _____

TOTAL ENCLOSED: \$ _____ ***Make Checks Payable to Chiefs Soccer Camp***

PLEASE CIRCLE T-SHIRT SIZE: YM YL AS AM AL AXL

INSURANCE INFORMATION:

I hereby permit my daughter/son to attend this soccer camp. I understand this camp involves physical activity which contains risk of possible injury. I hereby release Margo Flack, Rafael Ferreiro, and staff, as well as Cardinal Gibbons High School and staff, and the Archdiocese of Miami for all liability for any injuries while attending camp.

INSURANCE COMPANY: _____ POLICY #: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please send completed registration form and non-refundable payment to:

CHIEFS SOCCER CAMP ATTN: MARGO FLACK
855 NW 110th Avenue Coral Springs, FL 33071

