

WARD MELVILLE SOCCER SUMMER PREP CAMP



Place: Stony Brook University P-Lot Fields
Dates: August 13th – 17th
Time: 9:30 am – 1:30 pm
Cost: \$230 (includes camp T-shirt)
Ages: players entering 4th-12th grade

Camp information: In an effort to better prepare players of the Three Village School District for junior high and high school soccer, the coaching staff will be running its annual summer prep camp. In addition to familiarizing players with their future coaches, this camp gives younger players who will be trying out in junior high for the first time an opportunity to meet some of the players they will be working with for years to come. The camp also prepares boys and girls who are currently in the program for tryouts in late August and the upcoming fall season. Players will work on all aspects of the game, such as, strength, fitness, skill work and tactics. We anticipate another strong turnout and look forward to another successful season. One of our goals is to build a strong desire within each player that will continue to develop after camp ends. This desire will be stimulated through brief daily lectures, demonstrations, drills, and competition.

All applications must be in by 7/29/12. Send completed form and check made payable to:

Beyond the Post
 PO Box 1191
 Center Moriches, NY 11934

For more information, directions or further details, contact: Jon Stecker @
 (631) 928-4347 or Jstecker@3villagecsd.org



Name _____ Date _____
 Address _____
 Phone _____ Emergency Phone _____
 Age _____ Gender _____ School _____ Grade as of Sept./2012 _____
 Shirt size – Youth: M L Adult: S M L XL
 Parent Signature _____

Parental consent form: My child is in good health and has my permission to participate in the above mentioned clinic. He/she has no previous illness or bodily injury which is adverse to participation in the sport of soccer. I do understand that soccer is a contact sport and that physical injury may occur during the course of the clinic. This consent form acknowledges my agreement to allow my child to be treated, if necessary, by a physician and or trainer while attending the above mentioned soccer clinic. I hereby accept responsibility for any and all costs related to medical and or dental treatment, over and above the amounts provided by medical and liability insurance coverage by Beyond the Post Inc. I hereby agree to hold harmless Beyond the Post Inc. and its representatives from damages resulting from loss and or injury during camp participation.

Office use: Chk.# _____