

Kickin' it Around the World Camp Lady Lex Soccer



Dates: Monday, June 22, 2015 --- Thursday, June 25, 2015

Times: 6:00 pm - 8:00 pm for field players and 8:00 pm - 8:30 pm (additional goal keeper session)

Location: Lexington High School soccer practice fields

Who: Girls Ages U-6 to U-14; Developmental Group will be basic instruction; Competitive Group will be higher level instruction and faster paced

Cost: \$40 per field players/ \$50 for goal keeper session + player session

Instructors: Lexington coaching staff, members of the high school soccer team, state licensed North Central United coaches, Jammi McClead ODP) **Important Notes for the week:**

1. All campers must wear shin guards, shorts and t-shirt. Bring drinks each day of camp and a ball.

2. To guarantee receiving a camp t-shirt, payment must be received by 6/13/14

- 3. ANY MEDICAL PROBLEMS MUST be made known to the camp staff at registration on 6/22/14.
- 4. Please report to camp no more than 15mins before the session begins.

If you have any questions about camp, please contact Lexington Athletics Office at 419-884-2101 or call Coach Drueschler at 419-571-5641 or email at drueschler.roxanne@lexington.k12.oh.us

Note: Campers will receive fundamental instruction, camp t-shirt, participate in skill developing drills and listen to speakers including area high school coaches, Jammi McClead (ODP and MCS High school girls coach), and Tiffany Crooks (Case Western University Women's Soccer Coach).

Please make check payable to Lexington Athletic Boosters-Girls Soccer and mail check & registration form (below) to:

Lexington Athletics – Girls Soccer - 103 Clever Lane Lexington, Oh. 44904

USE YOUR CANCELLED CHECK AS YOUR RECEIPT! Thank you!

REGISTRATION FORM

Athlete Name:	Age:	
Address:		_
Emergency Contact:(name)	(phone)	
Age Group (circle) U6 U7 U8 U9 U10 U11 U12 U13 U14		
Level of Instruction (circle) Developmental or Competitive		
Shirt Size: (circle) YS YM YL AS AM AL AXL		

Amount enclosed: Please be sure your \$40 or \$50 payment accompanies this form – Thank you!

Medical Release: I hereby agree that the camper listed has been examined and found in good physical health. She is able to partake in the drills and competitive activity of the camp itself. I, as the parent or legal guardian, will be responsible for all medical charges of my daughter during this camp session. I hereby waive and release the Minuteman Soccer Camp from any and all liabilities incurred while at the camp. Parent/Guardian