



# Little Vikings Soccer Skills Camp



**"Get ready for soccer!"**

- Cost is \$75 per child (covers all 5 days of training with licensed coach and t-shirt)
- Open to rising 1<sup>st</sup> through 8<sup>th</sup> Graders
- Bring shin guards, soccer or running shoes, bottle of water to each practice. **SHIN GUARDS are mandatory! (This is a US Soccer requirement for insurance)**
- Times/Dates/Location: Monday June 18<sup>th</sup>-Friday June 22<sup>nd</sup>
  - Rising 1<sup>st</sup>-5<sup>th</sup> grade session will be from 6:00-7:00 p.m. each night
  - Rising 6<sup>th</sup>-8<sup>th</sup> grade session will be from 7:00-8:00 p.m. each night
  - Each session will be located at Deimel Field at St. Anne-Pacelli Catholic School
- Payment due no later than June 14<sup>th</sup>, 2018
- This camp is open to non St. Anne-Pacelli students as well, please help spread the word!
- Camp will work on basic skills and technique as well as incorporate small sided games for development
- Please fill out a separate sheet for each athlete
- POC: Coach Nick Fusco [Nfusco@sasphs.net](mailto:Nfusco@sasphs.net)

Player's Name \_\_\_\_\_ t-shirt size YS YM YL AS AM AL  
 Parent's name \_\_\_\_\_ Parent's Cell \_\_\_\_\_  
 Parent's email \_\_\_\_\_  
 Emergency point of contact name \_\_\_\_\_ Cell \_\_\_\_\_  
 Payment Cash \_\_\_\_\_ Check \_\_\_\_\_

Waiver/Release Statement (please read and sign below): In consideration of acceptance of this entry, I hereby, for myself, my heirs, my executors, and administrators, waive any and all rights and claims for illness, injuries, or damages I may have against St. Anne-Pacelli School or their officers, directors, and members, volunteers, employees, agents, sponsors or race director. None of the above is responsible for loss of personal items, or any form of aggravation in connection with said event. I fully understand that my participation is a completely voluntary undertaking of my own choosing and I fully understand that in doing so I assume full responsibility for all damages or injuries incurred by me in connections with this event. I give permission for the free use of my name or photograph in any broadcast or print account of this event. I am in proper physical condition to participate in this event. I certify that I carefully read this release and know the contents.

Participant's signature: \_\_\_\_\_  
 Parent/Guardian if participant is under 18 years old: \_\_\_\_\_

Mail or turn in completed & signed entry form with payment to **St. Anne-Pacelli Catholic School, 2020 Kay Circle, Columbus, GA 31907**  
 Checks payable to **St. Anne-Pacelli Catholic School Soccer**