

**Saint Francis University Men's Soccer  
Red Flash Centers of Excellence**

**Camp Location: Kidsport Soccer Complex**

**For more information contact Michael Casper 814-472-3288 mcasper@francis.edu  
CO-ED DEVELOPMENTAL CENTERS Cost \$100**

**Johnstown August 6-9, 2009 Boys and Girls...Ages 6 – 14 5:30pm-8:30pm**

**MINI FLASH HALF DAY PROGRAM – Ages 6-8**

This week is designed to help the young player develop his or her soccer skills in a fun and exciting learning environment. Players will be introduced to the basics including: passing, dribbling control, and shooting. The camp includes individualized skill instruction, small sided games, and will be highlighted by a World Cup tournament.

**JR. FLASH HALF DAY PROGRAM – Ages 9-14**

This week is designed to train players in an exciting and fun learning environment. Players will be introduced to the next level of soccer through technical and tactical aspects of the game, college player demonstrations, and small sided games. Along with a World Cup tournament, competitive games highlight each day of the camp.

**Half Day Program – Sample Daily Schedule**

Training Sessions.....5:30 pm-7:00 pm  
Technical Session/Street Games.7:00 pm-8:00 pm  
Games.....8:00 pm-8:30 pm

**Camp Equipment**

Each camper will receive an Adidas soccer T-shirt. A high quality Adidas practice ball will be available for purchase for \$20, if needed. All campers must bring proper playing equipment, including ball, cleats, shin guards, extra socks, t-shirts, water, sunscreen, etc. Upon acceptance, detailed information regarding travel and necessary equipment will be provided.

Camper's  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Grade (Fall 2009): \_\_\_\_\_ Gender: M or F  
E-Mail \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian  
Name: \_\_\_\_\_  
SHIRT SIZE (circle one): YS YM AS AM AL  
AXL

*For Each additional family member, a \$10 discount will be applied  
(Please use separate registration form for each child)*

**Total Amount Enclosed: \$ \_\_\_\_\_** \*a non-refundable initial deposit fee is required with the application and will be subtracted from the total fee. All balances are due in full by **August 1<sup>st</sup>**.

**Mail to/Make Checks Payable to: Michael Casper, Men's Soccer Office, Saint Francis University, PO Box 600, Loretto, PA 15940**

All participants must have their own health insurance coverage. The Camp does not assume responsibility for illness or injuries sustained during the camp. The Camp is not responsible for lost valuables or money. Please keep this in mind when preparing for camp. My child has had a physical examination within the last calendar year and is physically fit to participate in all camp activities. In the event of illness or injury requiring medical attention and I cannot be contacted at the phone number(s) listed, I hereby authorize the camp personnel to act for me according to their best judgment. I relieve the Camp of any responsibility for any illness or injury that may occur.

**PLEASE CHECK YOUR CHOICE(S):**

**Camp**

**MINI FLASH DEVELOPMENTAL CENTERS: HALF DAY**

<b>Boys &amp; Girls (ages 6-8)</b>	<b>Tot. Dep.</b>
____ Johnstown	<b>\$100 (\$50)</b>

**JR. FLASH DEVELOPMENTAL CENTERS: HALF DAY**

<b>Boys &amp; Girls (ages 9-14)</b>	<b>Tot. Dep.</b>
____ Johnstown	<b>\$100 (\$50)</b>

\_\_\_\_ Camp Ball \$20 (if needed)-all players must have a ball

\_\_\_\_\_  
Parent/Guardian Signature Date  
Health Insurance Company \_\_\_\_\_  
(Required for ALL campers before acceptance to Camp!)  
Health Insurance Company  
Number \_\_\_\_\_



**CAMP USE ONLY:**  
Date Rec \_\_\_\_\_ Deposit \_\_\_\_\_ Check# \_\_\_\_\_ Payment \_\_\_\_\_  
Check# \_\_\_\_\_