

Saint Francis University Men's Soccer
Red Flash Centers of Excellence
Camp Location: Somerset High School Soccer Complex
For more information contact Michael Casper 814-472-3288 mcasper@francis.edu
JR. High/Varsity Boys' Team Camp

Somerset	August 3-6, 2009 Boys...Entering 7th through 12th Grade 8:30am-11:30am
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JR. HIGH TEAM HALF DAY PROGRAM – ENTERING GRADES 7&8
VARSITY TEAM HALF DAY PROGRAM – ENTERING GRADES 9-12

The daily agenda for this camp is structured with the development of the individual within a team setting in mind. Individual technical skills are honed and developed while particular attention is paid to team building as well. The camp staff includes the staff of St. Francis University, under the direction of Michael Casper, as well as other college coaches and current St. Francis players.

Half Day Program – Sample Daily Schedule	
Training Sessions.....	8:30 am-9:45 am
Technical Session/Street Games.....	9:45am-10:45 am
Games.....	10:45 am-11:30 am

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: _____
 High School: _____
 Address: _____
 City: _____ State: _____
 Zip: _____
 Phone: _____ D.O.B.: _____
 Grade (Fall 2009): _____
 E-Mail
 Address: _____
 Parent/Guardian
 Name: _____
 SHIRT SIZE (circle one): YS YM AS AM AL
 AXL

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 1st**.

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		
JR. HIGH TEAM HALF DAY PROGRAM		
Boys (Entering Grades 7&8)	Tot.	Dep.
_____ Somerset	\$120	(\$50)
VARSITY TEAM HALF DAY PROGRAM		
Boys (Entering Grades 9-12)	Tot.	Dep.
_____ Somerset	\$120	(\$50)

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

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



CAMP USE ONLY:			
Date Rec _____	Deposit _____	Check# _____	Payment _____
Check# _____			