

Putnam Valley Soccer Camp




July 18th-22nd

“Boys and Girls Soccer Camp”

Camp Overview:

Players should look upon their time playing soccer as a positive period in their lives. Participation, learning, and fun are emphasized through small group drills and games. Our goal is to improve individual skills through daily repetition. Players are grouped by age, ability, and physical maturity.

 **Location:** Drop-off at the turf field, and Pick-up at the PV Middle School Court Yard
Camp will take place on the turf field (If raining, Inside school gym).

 **Time:** 9:00am - 2:00pm (Drop-off can start as early as 8:30)

 **Grades:** Kindergarten - 8th grade (Grade Level as of 2010-2011 school year)

 **Cost:** \$135 per camper, \$115 for 2nd child All participants will receive a camp shirt.

 **Equipment:** Lunch, sneakers, shin-guards Optional: Water bottle, sun block/hat etc...

For additional questions, please contact the camp director Craig Glenn

Email: cglenn@pvcasd.org or Phone (845) 526-7847



Registration and money due June 17th!!



Putnam Valley Soccer Camp

Informed Consent Form

I hereby give my permission for _____ to participate in 2011 Putnam Valley Summer Camp in the sport/activity of _____ and my child is in good health, and does not have any health related restraints that would not allow him/her to participate in such physical activity. It is my understanding that my child will comply with the policies of the Putnam Valley Central School District and the camp instructors. My child and I are aware that participating in the _____ Camp is a potentially hazardous activity. We assume all risks associated with participation in this sport or activity. I acknowledge that even with the best coaching, supervision, and observance of rules, injuries are still a possibility. I also understand that I have to either pick my child up or arrange to have transportation for my child at 2:00 each day. Further, I authorize the Camp Director(s) to provide emergency treatment of any injury or illness my child may experience if qualified personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Emergency Contact Information:

Parent\Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Family Physician: _____ Telephone Number: _____

Medical Conditions: _____

Any known Allergies (Medical, food, or other): _____

Child's Date of Birth: _____

Other Person to Contact in Case of Emergency: _____

Relationship with person: _____

Home Phone: _____ Cell Phone: _____

I understand this informed consent form and agree to its conditions.

Parent\Guardian: _____ Date: _____

T-Shirt Size Information (Youth or Adult)

Please Circle the size t-shirt the player would like to receive.

YXS YS YM YL AS AM AL AXL

Please make checks payable to: Putnam Valley Central Schools

Please write "Putnam Valley Soccer Camp" in the memo area of the check. Return the registration form with payment to the Putnam Valley High School's front office or mail payment to:

**Putnam Valley High School
146 Peekskill Hollow Road
Putnam Valley, NY 10579
Attention: Craig Glenn**