

# Putnam Valley Soccer Camp



**July 14th-18th**

## **Boys and Girls Soccer Camp**

**Have fun playing soccer this summer!**

### **🏆 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 will be taught by coaches from the Putnam Valley High School soccer program. Players are grouped by age, ability, and physical maturity.

**🏆 Date/Location:** July 14th-18th at the Putnam Valley (High School) Turf field

**🏆 Time:** 9:00 am - 2:00pm....(Drop off starts at 8:45 am, Pickup no later than 2:15pm)

**🏆 Grades:** Kindergarten - 8th grade (Grade Level as of 2007-2008 school year)

**🏆 Cost:** \$135 per camper, \$115 for 2nd child  
All participants will receive a camp shirt, and awards will be given out at the end of the week.

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

For additional questions, please contact the camp director-Craig Glenn  
by email: [cglenn@pvcsd.org](mailto:cglenn@pvcsd.org) or by phone (845) 528-8101

**Please fill out and return the attached form with check or money order.**

**Registration and money due June 25th!!**

# Putnam Valley Soccer Camp

## Registration Form

Mail this form in with your payment. Xerox copies of Registration Form accepted.

\*Please use a separate registration form for each child you are registering.

Player's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_

Grade/Age: \_\_\_\_\_ / \_\_\_\_\_ Position: (Please Circle)    Offense    Defense    Goalie

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to be treated for any medical emergency and be transported to the hospital if necessary. I understand that such physical activity involves the potential for injury. I acknowledge that even with the best coaching, supervision, and observance of rules, injuries are still a possibility. I also acknowledge that my child, (name of 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. 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.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Please add your Pediatrician's name and phone number, as well as any special information we need regarding your child's health, please list here (Example: Allergies):

\_\_\_\_\_  
Pediatrician's name

\_\_\_\_\_  
Pediatrician's phone number

### **T-Shirt Size Information** (Youth or Adult)

Please circle the size of the t-shirt you would like your child to receive:

YXS    YS    YM    YL    AS    AM    AL    AXL

**Please make checks payable to: Putnam Valley School District**

Please write "Putnam Valley Soccer Camp" in the memo area of the check.

Please return the registration form with payment to the Putnam Valley Middle School's front office.

If you are unable to bring it to the school, please mail your registration form and payment to:

**Putnam Valley Middle School**

**Attention: Craig Glenn  
142 Peekskill Hollow Road  
Putnam Valley, NY 10579**