

# REGISTRATION FORM

This summer technical training camp will be directed by BFS Varsity Coach & PE Teacher, Gary Lawson and his staff at First Touch Soccer Academy. The camp will focus on fundamental techniques that are required to play the game of soccer, including varying levels of ball manipulation, dealing with pressure when receiving the ball, goalscoring and having the ability to deal with various tactical scenarios. We welcome beginners to intermediates to advanced players as there will be a curriculum to meet all needs.

**For:** Boys and Girls, Grades 9-12. The camp is open for all soccer players and is not restricted to BFS students only.

**Dates:** Arrive July 17th. Leave July 19th.

**Location:** Camp Louemma, 43 Louemma Lane, Sussex, NJ, 07461

**Cost:** \$300.00 per player (cash/check made payable to Gary Lawson)

Mail registration to: Gary Lawson, Brooklyn Friends School, 375 Pearl Street, Brooklyn, NY, 11201

Email: glawson@brooklynfriends.org

Cost: Single player \$300.00, Sibling discount \$50.00. Balance to be paid in full by July 17, 2011

## PARENT INFORMATION (PLEASE PRINT)

Name of Parent(s) \_\_\_\_\_

Street \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

\*Email \_\_\_\_\_

CONFIRMATION: YOU **MUST** PROVIDE AN EMAIL ADDRESS. THE CAMP CONFIRMATION AND ALL FURTHER INFORMATION WILL BE SENT VIA EMAIL

Typical Daily Schedule	
7:30 am	Rise & Shine
8-8:30 am	Breakfast
8:30-8.45am	Prep for Field Session 1
9-11am	<b>Field Session 1:</b> Warm Up/Technical Training on the daily theme/Cool Down
11.15-12 pm	Shower, Reflection on morning session, Coach feedback
12-12:30 pm	Lunch
12:30-1.15 pm	Rest/Performance Diaries/Video Analysis
1.15-1:30 pm	Prep for Field Session 2
1:30-3.15 pm	<b>Field Session 2:</b> Warm Up/Tactical Training on daily theme/Cool Down
3:30-4 pm	Shower, Reflection on afternoon session, Coach feedback
4-5 pm	Rest/ Performance Diaries/Video Analysis/ Swimming
5-5:30 pm	Dinner
5:30-6 pm	Prep for Field Session 3
6-8 pm	<b>Field Session 3:</b> Tournament/Small Sided Scrimmages/Full Sided Scrimmages
8-8:30 pm	Shower, Reflection on evening session, Coach feedback
8:30-10 pm	Rest/Lectures/Quiz/Structured Activities/ Coach feedback
10 pm	Lights Out

## PLAYER INFORMATION

Camp Place #	Last Name	First Name	D.O.B mm/dd/yr	Sex M/F	Price \$
1					
2					
<b>TOTAL</b>					

**Camp Payment:** Balance due July, 17 2011.

**Cancellation & Refund Policy:** If any portion of a camp or program is cancelled due to inclement weather, a make-up will be scheduled for the lost time. If a make-up is unable to be scheduled, a pro-rated credit voucher will be issued. Sessions missed through illness will either be made up for the athlete or a credit voucher for the pro-rated value issued. A cash refund will not be issued. A refund registration will incur an administration fee of \$25.00. Alternatively, a credit voucher for the full amount will be issued if desired. Returned checks will incur a \$25.00 fee

## PAYMENT INFORMATION

Payment Method (Please select): Cash    Check # \_\_\_\_\_

**WAIVER INFORMATION:** I hereby release Camp Louemma and any hosting organization from any and all claims and liability of any kind of personal injury or property due to participation in this program. I understand that participation includes physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give permission to a staff member for such care. I give permission for my child to be photographed or videotaped while participating in camp activities and for all the resulting images to be used by First Touch Soccer Academy, Camp Louemma or Brooklyn Friends School for promotional purposes. **On a separate piece of paper, please indicate all known physical and mental conditions. Indicate if your child hasn't been immunized against diphtheria, tetanus, poliomyelitis, measles, pertussis, mumps and rubella in accordance with New Jersey State Law N.J.A.C. 8:57-4.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_