

## Four-Day Camp Includes Final Day Tournament!

### Fifth Annual

# Floyd Central Soccer Camp

**Youth: July 12 - 15 – High School: July 19 - 22**

Early registration through June 22 for boys and girls ages 6-18



**Prepare for a higher level of play** by training and learning with some of the region's best coaches and players at one of the top soccer facilities in the area.

Our goal is to offer individual, technical and tactical training that leads to improved group play prior to the fall season.

Talented and experienced coaches teach:

- First touch, dribbling, attacking moves
- Passing/receiving, keeping possession
- Small group and large group competition
- Goalie specific training
- Saturday small-sided tournament



### **Schedule:**

#### **Youth Division:**

July 12, through July 15

- Age 6-11 – 6:30 to 8 p.m.
- Age 12-14 – 6:30 to 9:30 p.m.
- Saturday morning tournament schedule TBA

#### **High School Division:**

- Grades 9-12 – July 19 - 22, 6:30 - 9:30 p.m.

### **Location:**

Floyd Central High School – Two full-size Bermuda grass fields give players the experience of the high school pitch under the lights.

### **Camp Staff:**

- Louisville City FC coaching staff and players
- Former collegiate and semi-professional players
- Floyd Central boys and girls coaching staff
- Accomplished Floyd Central Varsity Alumni

### **Camp Registration Fees:**

Ages 6 - 11 – \$80 by June 22; \$90 thereafter

Ages 12 - 14 – \$110 by June 22; \$120 thereafter

High School Division – \$110 by June 22; \$120 thereafter

*Multi-player discount \$5 per additional sibling.*

### **Registration Includes:**

- Four day camp experience with final day tournament
- 2017 FC camp t-shirt
- One LCFC ticket (\$18 value) to the July 15 match vs FC Cincinnati
- Additional discounted tickets available for purchase
- Louisville City FC giveaways at camp

*Official Partner with Louisville City FC*



# Floyd Central Soccer Camp 2017 REGISTRATION FORM

Official Partner with  
Louisville City FC



Player Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: M | F Grade (Fall 2016): \_\_\_\_ School \_\_\_\_\_

Current Level of Play: REC REC PLUS CLUB (Circle One)

T-SHIRT SIZE – YS \_\_\_\_ YM \_\_\_\_ YL \_\_\_\_ AS \_\_\_\_ AM \_\_\_\_ AL \_\_\_\_

Want to train with a buddy? List name here: \_\_\_\_\_

Requesting goalie-specific training only? \_\_\_\_ (Check Here)

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

Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Insurance Carrier : \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Health Issues: \_\_\_\_\_

## PARENTAL CONSENT

### Medical Care Consent and Release of Liability

1. On behalf of the above named applicant, I release Floyd Central Soccer Camp, the campsite, staff and management from any claim arising from participation in the camp. Neither Floyd Central nor anyone connected with the camp assumes any responsibility for accidents, medical or dental or any other expense incurred as a result of attendance of the camp. I hereby certify that the above-named applicant is physically fit to participate in camp activities. I accept full responsibility for any medical problems that may develop as a result of any activities.

2. I authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for my child, if I cannot be reached in an emergency.

3. I authorize the use of participants' image in photographs taken during Floyd Central Soccer Camp to be used for future camp promotional purposes.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature / Date

*To register, make check payable to: FC Athletics – Soccer Camp, attach this form and mail to FC Soccer Camp, 3030 Fairway Drive, Floyds Knobs, IN 47119*

Questions? Email Camp Director:  
scottmenne@gmail.com