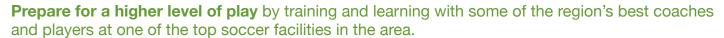
New for 2016 – Four-Day Camp With Final Day Tournament!

Fourth Annual

Floyd Central Soccer Camp

Wednesday through Saturday, July 13 - 16, 2016

Early registration through June 23 for boys and girls ages 7-17



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 tournament team play



Schedule:

Fourth day added this year!

Wednesday, July 13, through Saturday, July 16

- Age 7-11 6:30 to 8 p.m.
- Age 12-14 6:30 to 9:30 p.m.
- High School age 2 to 5 p.m

Location:

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

Camp Staff:

- Floyd Central boys coaching staff Tim Rice, Scott Menne and Dietrich Rudolph
- Floyd Central girls coach Lewie Stevens
- LCFC asst. coach & former pro Thabane Sutu
- Former UofL player Ryan Smith ('12)
- Former semi-professional Hezekiah Weiss
- Accomplished and experienced Floyd Central Varsity Alumni
- · PLUS new elite-level coaches for 2016

Camp Registration Fees:

Ages 7 - 11 – \$70 by June 23; \$80 thereafter Ages 12 - 17 – \$100 by June 23; \$110 thereafter Multi-player discount \$5 per additional sibling.

Registration Includes:

- · NEW Four-day camp experience
- Final day tournament play
- 2016 camp t-shirt
- · Awards and prizes



Floyd Central Soccer Camp 2016 REGISTRATION FORM

July 13 through July 16, 2016

Player Name:	
Birth Date:// Age: Gender: M I F	Grade (Fall 2016): School
Current Level of Play: REC REC PLUS CL	UB (Circle One)
T-SHIRT SIZE – YS YM YL AS AI	M AL
Want to train with a buddy? List name here:	
Requesting goalie-specific training only? (Che	eck Here)
Parent/Guardian Name(s):	
Best Phone: Email:	
Street Address: Ci	ity:State:ZIP:
Alternate Contact Name:	Phone:
MEDICAL INFORMATION	
Insurance Carrier : Health Card	Number:
Health Issues:	
PARENTAL CONSENT Medical Care Consent and Release of Liability	3. I authorize the use of participants' image in photographs taken during Floyd Central Soccer Camp
On behalf of the above named applicant, I release Floyd Central Soccer Camp, the campsite, staff and	to be used for future camp promotional purposes.
management from any claim arising from participation in the camp. Neither Floyd Central nor anyone connected with the camp assumes any responsibility	Parent/Guardian Name (print)
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	Parent/Guardian Signature / Date
responsibility for any medical problems that may	To register, make check payable to: FC Athletics –
develop as a result of any activities.	Soccer Camp, attach this form and mail to FC Soccer

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.

Questions? Email Camp Director: scottmenne@gmail.com

Camp, 3030 Fairway Drive, Floyds Knobs, IN 47119