

Ninth Annual FC Fall Prep Soccer Camp

July 19th - 21st for grades K - 8th



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

Technical training Focusing on:

- First touch
- Dribbling
- Attacking moves
- Passing/receiving
- Keeping possession
- Playing small-sided competitive games
- Goalie specific training

Schedule:

Tuesday, July 19th – Thursday, July 21st

- K - 5th grade - 7:00 to 8:30 pm
- 6th - 8th grade - 7:00 to 9 pm

Location:

Floyd Central High School, 6575 Old Vincennes Rd.,
Floyds Knobs, IN 47119

Camp Staff:

- Current and former collegiate players
- Floyd Central soccer coaching staff
- Distinguished Floyd Central Varsity Alumni

Camp Registration Fees:

K - 5th grade \$65, After July 1st \$75

6th - 8th grade \$85, After July 1st \$95

How to Register?

Fill out registration form and email to
floydcentralsoccercamp@gmail.com, or mail: FC
Soccer Camp Attn: Scott Menne 3030 Fairway Dr.
Floyds Knobs, IN, 47119



Floyd Central Soccer Camp 2022 REGISTRATION FORM

Player Name: _____ Birth Date: ____/____/____

Age: ____ Gender: M | F Grade (Fall 2022): ____ School: _____ Current

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

Want to play up an age group or train with a buddy? ____ Buddy Name: _____

Want 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 Sign Up: Mail registration form & payment to FC Soccer Camp, attn Scott Menne, 3030 Fairway Drive, Floyds Knobs, IN 47119 or email floydcentralsoccercamp@gmail.com.

Payment Methods: Checks payable to FC Boys Soccer or pay using venmo @scottmennesoccer (last 4 of phone number 7866) memo - Soccer (NOT goods / services)

Questions? Email Camp Director at floydcentralsoccercamp@gmail.com