

# Eighth 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:**

**Monday, July 19th – Wednesday, 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, \$60

6th - 8th grade, \$80

## **How to Register?**

Fill out registration form and email to

[floydcentralsoccercamp@gmail.com](mailto:floydcentralsoccercamp@gmail.com), fax:

812-923-6285 or mail: FC Soccer Camp Attn: Scott

Menne 3030 Fairway Dr. Floyds Knobs, IN, 47119



# Floyd Central Soccer Camp 2021 REGISTRATION FORM

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ Gender: M | F Grade (Fall 2021): \_\_\_\_ 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, Fax form to 812-923-6285 or email form to [floydcentralsoccercamp@gmail.com](mailto:floydcentralsoccercamp@gmail.com).

**Payment Methods:** Checks payable to FC Boys Soccer or pay using venmo @scottmennsoccer (last 4 of phone number 7866) memo - Camp.

**Questions?** Email Camp Director at [floydcentralsoccercamp@gmail.com](mailto:floydcentralsoccercamp@gmail.com)