

Four-Day Camp Includes Single-Sided Tournament!

Seventh Annual

Floyd Central Soccer Camp

Youth: July 9 - 12 – High School: July 23 - 25

Early registration through June 21 for boys and girls ages 6-18



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.

Camp will focus on individual, technical and tactical development leading to improved group play through:

- First touch, dribbling, attacking moves
- Passing/receiving, keeping possession
- Playing small-sided competitive games
- Goalie specific training
- Friday night small-sided tournament



Schedule:

Youth Division:

Tuesday, July 9 – Friday, July 12

- Age 6-11 – 7:00 to 8:30 pm
- Age 12-14 – 7:00 to 9 pm

High School Division:

- Grades 9-12 – Tuesday, July 23 – Thursday, July 25, 10 to 12 pm and 7 to 9 pm

Location:

Floyd Central High School – Experience the high school pitch under the lights.

Camp Staff:

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

Camp Registration Fees:

Ages 6 - 11 – \$75 by June 21; \$85 thereafter

Ages 12 - 14 – \$95 by June 21; \$105 thereafter

High School Division – \$110 by June 21; \$120 thereafter

Multi-player discount \$5 per player

Registration Includes:

- Four day camp experience with final day tournament
- 2019 FC camp t-shirt
- One Louisville City FC ticket to a future match



Official Partner with Louisville City FC – Two time USL Champions

Floyd Central Soccer Camp 2019 REGISTRATION FORM



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Louisville City FC
Two Time USL Champions

Player Name: _____

Birth Date: ____/____/____ Age: ____ Gender: M | F Grade (Fall 2019): ____ School _____

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

T-SHIRT SIZE – YS ____ YM ____ YL ____ AS ____ AM ____ AL ____

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 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