Summer Soccer Camps by Potomac State College Soccer

Potomac State College-July 7-10, 2015, 9:00 to 11:30 am.
Southern High School-July 7-10, 2015, 5:00 to 7:30 pm.
Northern High School-July 21-24, 2015 5:00 to 7:30 pm.

Fee: $60.00 (the 1st 70 campers registered will be provided with a free camp ball).

This Boys and Girls Day Camp will focus solely on the fundamentals of the game through creative teaching exercises and games that will keep the players interested and having fun. This camp will provide the player the opportunity to develop a solid foundation that will help them at every level of the game. Goalkeepers will receive individual training. Teams may also register for this camp. The team will have the opportunity to prepare under top level coaches for the upcoming season.

Each camper must have shin guards, cleats, tennis shoes, and a water bottle.

Coach Mark Sprouse- In his fifteenth season this year as the Head Coach for the Lady Catamounts. The Women’s Soccer team has had a winning season eight out of the last nine seasons under the direction of Coach Sprouse. He has also coached soccer at the ODP and high school levels.

Dr. Ray Kiddy- is in his thirty-seventh season of coaching soccer at the collegiate or high school level. He will begin his 6th season as the head coach of the Men’s Soccer team this fall. Coach Kiddy holds a National Soccer Coaching License (NSCAA).

2015 SOCCER CAMP REGISTRATION FORM

Circle one:   Potomac State Camp   Southern Camp   Northern Camp

Name: ____________________________________________________ Age: ________ Sex: M  F  (Circle)

Address________________________________________________  City: ______________________ State: ________ Zip: ___________

Phone: ________________________________________ Email: ___________________________________________________________

Emergency Contact: ___________________________ Cell Phone: _________________________________

I certify that my child is medically qualified to attend soccer camp. I hereby authorize the directors of the Potomac State Soccer Camp to act for me in accordance with their best judgment in an emergency situation requiring medical attention. I hereby waive and release the Potomac State Soccer Camp, its employees and staff from all liability for injury and illness incurred while my child is at camp.

______________________________________________

Signature of Parent/Guardian  Date

______________________________________________  __________________________________

Family Insurance Company  Policy Number