

# Girls Soccer Camp

Sponsored by Cecil Soccer

## Information

**Ages:** 11-14

Incoming 6<sup>th</sup> graders – incoming 9<sup>th</sup> graders

**Cost:** \$65.00

Checks payable to Kelly Zimmerman or Matt Roberts

**Dates:** June 15-19, 2015

**Times:** 5:00-7:30

**Location:**

Chesland Soccer Complex



\* Participants will need proper attire necessary to play soccer (cleats, shin guards, sneakers, shorts, t-shirt, etc...).

\*A ball will be provided

\*Prompt transportation must be provided by 7:30 for the dates listed.

\* Positive attitude required

## Camp Directors

**Kelly Zimmerman**

Varsity Girls Soccer Coach

Elkton High School

443 910 1076

[kezimmerman@ccps.org](mailto:kezimmerman@ccps.org)

**Matt Roberts**

Varsity Girls Soccer Coach

North East High School

410 652 0306

[mdroberts@ccps.org](mailto:mdroberts@ccps.org)

*For more information please contact Kelly Zimmerman or Matt Roberts*

## ***GREAT WAY TO GET READY FOR HIGH SCHOOL SOCCER***

Please send registration form and check to Kelly Zimmerman or Matt Roberts  
Elkton High School 110 James Street Elkton, MD 21921 / North East High School 300 Irishtown Road North East, MD 21901

Player Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Contact Information: **Phone:** home \_\_\_\_\_

cell: \_\_\_\_\_

**Email:** \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ High School: \_\_\_\_\_

**Soccer Experience:** Years of Playing Experience: \_\_\_\_\_ Last Team in which child played: \_\_\_\_\_



I hereby give permission for my daughter \_\_\_\_\_ to participate in the Girls Soccer Camp sponsored by Cecil Soccer.

I agree that I will not hold the program, instructor, or Cecil Soccer responsible for any injuries received while participating in the Girls Soccer Camp. I understand and accept that there are inherent risks involved in participating in athletics and I certify, by my signature, that my child is physically capable of participating in this program. I also understand that information on YOUTH SPORTS CONCUSSIONS AND HEAD INJURIES is available ON LINE at [www.cdc.gov/concussioninyouthsports](http://www.cdc.gov/concussioninyouthsports) or you can call 1-800/232-4636.

Any physical conditions or allergies that the instructor should be made aware of \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_