



## Summer Camp 2010

Monday, June 21st through Friday, June 25th, 8:30 am to 11:30 am

**Pohatcong Elementary School**

240 County Road 519

Phillipsburg, NJ 08865

**\$100/player**

### Ages 7-10

Players will learn and practice basic skills in a positive environment. The camp will stress dribbling, receiving and passing, striking a ball, shielding, 1 on 1's, defending, transition play and goal-keeping. Each session will include games and activities to improve the player's skills while having FUN.

### Ages 10-15

Players will review basic skills and learn how to incorporate them into game-like situations. The camp will stress tactics, decision-making, advanced skills, team-defending, possession and finishing. Each session will introduce new skills and apply them to game-like conditions in a fun and challenging environment.

### Instructors:

Evan Weller- Phillipsburg HS Varsity Boys' Coach 2003 to present. 4-year Varsity starter and Senior Captain at Moravian College, Pa. Enco premier coach 2002-2005. National 'D' license; Pocono Cup Soccer Camp coach and counselor 2002-2007; Stateliner Soccer Club coach 2006- present.

Maria Lombardi- Phillipsburg HS Girls' Varsity coach 2007 to present. College player at Georgian College, NJ. Club and High School soccer player in Freehold, NJ. Stateliner Soccer Club coach 2007 – present.

Scott Yerger – Voorhees HS Assistant Varsity Boys' coach 2000 to 2009. University of Delaware college player, Vision Soccer Training coach 2002 to present, National 'D' license, Stateliner Soccer Club coach 2003 to present.

Bring water bottle and fluids, shin guards, cleats and wear sunscreen!

Camp will run rain or shine.

**COMPLETE AND RETURN REGISTRATION AND MEDICAL RELEASE FORMS**

**Registration deadline June 10, 2010**

# Stateliner Soccer Club 2010 Summer Camp

## Registration Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (alternate) \_\_\_\_\_

Contact Phone Number during camp: \_\_\_\_\_

Email address (to confirm registration) \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender(M/F) \_\_\_\_\_

Current Stateliner Soccer Club player? (Y/N) \_\_\_\_\_

If Yes, Stateliner Team: \_\_\_\_\_

If No, Rec Association: \_\_\_\_\_

T-shirt size (please circle): YM      YL      AS      AM      AL

**Enclose check for \$100 per player payable to: Stateliner Soccer Club**

**Mail to: Stateliner Soccer Camp**

**49 Haze Way**

**Phillipsburg NJ 08865**

*Stateliner Soccer Club is a locally-based, non-profit soccer club run by volunteers and affiliated with NJ Youth Soccer and US Youth Soccer. Each team is professionally trained and has a minimum of 2 weekly training sessions. Volunteer coaches are NJYS licensed. Each team plays 10 games per season in the MCYSA or LVYSL leagues. Teams may participate in tournaments and indoor soccer. The club is committed to providing a safe, affordable and competitive experience to the children and their development; promoting teamwork, sportsmanship and positive adult role models.*



## New Jersey Youth Soccer Medical Release Form

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M   F

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Contact Information

Father's Name \_\_\_\_\_ Home \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home \_\_\_\_\_ Work Phone \_\_\_\_\_

### In an emergency when parents cannot be reached, please contact:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Medical Information

Allergies \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Player's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Medical Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for New Jersey Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the New Jersey Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date