Warrior Soccer Camp

Who? For all boys and girls 1st through 8th grade (2022-23 school year)

Campers will be grouped according to age and ability level for skill work and competition.

What? A soccer camp emphasizing skills, fitness, competition, and fair play

Instruction will be provided by the Girls Varsity Coaching staff of Delaware Valley High School, and campers will also be supervised by members of the varsity soccer teams.

When? Monday, June 27 – Thursday, June 30 from 8 am to 11 am

Campers should wear clothing appropriate for the weather conditions, soccer footwear, and shinguards. Bring sneakers if we must go inside. They should also bring a personal water bottle and/or drink.

Where? Delaware Valley High School Front Field. (Inside middle school gym incase of rain-enter by new gym)

Tentative schedule

Time	Activity
7:50	*Campers can begin to arrive at camp*
8:00	*Camp warmup and stretch*
8:30	*Drill work in stations*
9:15	*Skill Games*
10:00	*Game Play*
10:45	*Cool Down*
11:00	*Campers picked up at front field/new gym entrance if it is raining.*

How do I attend? Email Coach Quinn at quinnk@dvsd.org to register. Fill out the registration form and bring on first day of camp to complete registration. Cost is $100 / camper. Please make checks payable to Friends of Warrior Soccer. Message Coach Quinn at quinnk@dvsd.org with any other questions. **Please RSVP to Coach Quinn by june 1st.**

Registration Form

Camper's Name _____ Grade in 2022-23 ___

Address _____ City _____ State ___ Zip _____

Phone _____ Parent(s) names _____

Email _____ Payment _____

Parent/Guardian Authorization

I herby approve of my child's attendance to the Warrior Soccer Camp and certify that he is in good health and able to participate in the program. I authorize that the director act for me according to his best judgment in any emergency requiring medical attention. I understand, should an emergency condition arise, I will be contacted during the physical exam. If I am not available, I authorize you to contact:

Name of Physician _____

Phone # _____

Health Insurance Carrier _____

Policy # _____

Signature of Parent/Guardian Date

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