

The Winslow Soccer Club and the
Winslow Department

of Parks and Recreation

present the

Eighteenth Annual

Open Summer

Soccer Camp

July 13 - 17, 2009



When:

July 13 - 17, 2009

Where:

Ages 6 - 13 yrs.

5:30 - 8:30 pm

Cost:

Peter Volpe Fields - Winslow

\$130.00 per camper (which includes t-shirt and hand-stitched soccer ball)

(\$10.00 discount for early registration - by May 31st. \$20.00 discount for each registered sibling.)

We are pleased to offer the Open Summer Soccer Camp at Winslow. The Summer Soccer Camp is directed by Cris Vaccaro, an 18-year professional soccer player and former Puerto Rican National Team Head Coach. The camp's coaching staff is comprised of veteran trainers. The primary goal of the camp is to develop and enhance the skills of young players through fun activities and small-sided games.

Please plan to arrive 15 minutes prior to camp on the first day, and please plan to pick up your child on the field at the conclusion of each day's camp. All players come prepared with shin guards, soccer shoes, and plenty of water. For additional information, contact Cris Vaccaro at 856.753.1949. (All soccer pictures/movies taken at camp may be used at the discretion of Cris Vaccaro. Example: Future instruction, brochures, website, etc.) Camp takes place rain or shine but cancellation for extreme weather conditions will be made on the field the day of the camp. Cris Vaccaro has no control over the weather (no make-up for extreme weather cancellations) or camper illness; therefore there are no refunds for weather, illness, or cancellation less than a week before the scheduled camp date. Thank you for your understanding.



2009 Open Summer Soccer Camp Registration Form



Camper Name: _____ Circle: Male Female

Grade this Fall 2009: _____ D.O.B.: _____ Age: _____

Address: _____ Phone: _____

Address: _____ Cell Phone: _____

E-mail (please print clearly): _____ T-Shirt: (Youth) S M L (Adult) S M L XL

(No substitutions for t-shirts please - order larger if in question.)

YOUR CAMP CONFIRMATION WILL BE SENT BY E-MAIL

I certify that the child listed on this registration form is in excellent health and may participate in strenuous physical activities, including soccer. I agree to hold the Summer Soccer Camp and its employees harmless from any and all claims of injuries sustained by my child during his or her participation in the camp. Permission is granted for my child to receive emergency medical treatment, if necessary. I certify that there are no limits to my child's participation except as stated in writing and included with this application.

Guardian Signature _____ Date _____

Print Name: _____

Make checks payable to:

Send this application with your payment to:

Phone:

Email:



Cris Vaccaro

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