

Jacksonville High School

Soccer Camp

June 5th – 7th, 2017

About the Camp

Our goal of this camp is to show young soccer players how to better their skills and knowledge of the game. To achieve this goal we have put together a series of comprehensive drills and games tailored to each age group. Novice, recreational and club soccer players are welcome. Campers are divided into groups by age. The coaching staff will be assisted by additional volunteer coaches and current JHS girls' soccer players.

When: June 5th - 7th, 2017: 5:15.PM Registration on Monday, June 5th - JHS Practice Field (North of High School)
5:45 PM - 8:45 PM Camp: Monday June 5th - Wednesday June 7th - JHS Practice Field

Who: Grades Pre-K thru 9th (2017-18 School Year)

Where: Jacksonville High School, 1211 N. Diamond, Practice Soccer Field (North of High School)
Enter the parking lot North of the High School.

Cost: Early Registration of \$45.00 per player due by May 19th. \$50.00 per player due after May 19th.
All Players will receive a Camp T-Shirt & Soccer Ball.

Applications will be accepted through June 5th; however, we must receive your application by May 19th to receive desired shirt size.

There will be individual skill competitions with Prizes awarded!

PLEASE WEAR YOUR SHINGUARDS. THANK YOU.

Application

PLEASE FILL OUT AND MAIL WITH YOUR CHECK

Make checks payable to: JHS GIRLS' SOCCER

Mail to: Jacksonville High School, c/o Girls' Soccer Program
1211 N. Diamond, Jacksonville, IL 62650

Questions ? Contact John Mansholt by phone 243-7838 or E-Mail jmansholt@jsd117.org

Name of Player: _____

Grade in School (2017-18 School Year) for Camp Placement: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's/ Guardian's Name(s): _____

Phone: _____ E-Mail Address: _____

Camp T-shirt size: **Youth** M L **Adult** S M L XL

We must receive your application by May 19th in order to receive desired shirt size. Thank you for your understanding.

Medical Waiver: My child is in good health and has my permission to participate in this clinic. In case of a medical emergency, I authorize the coaching staff to seek medical emergency care for my child. I hereby assume all risks and hazards incidental to my child's participation in the clinic and I hereby waive, release and absolve School District 117, Jacksonville High School, the coaching staff, assistants and participants from any claim arising out of injury to my child.

Parent/Guardian Signature _____ Date _____