

Leon Lions Team Soccer Camp

August 3-7

10:00 am - 4:00 pm

All Returning players your attendance is expected

This camp will develop the technical and tactical aspects of the entire team and individual player. Leon Soccer team camp is used as a tool to prepare and organize returning players and any player interested in playing Leon Soccer for the upcoming 2009-10 season. College coaches from Thomas University and Middle Georgia College will be running sessions on the Monday and Wednesday of camp.

Ages: Rising 9th - Grade -12th

Dates and Times: August 3 – 7 (10:00 am – 4:00 pm)

Cost: \$125 includes the weeks sessions with college coaches, lunch each day, and t-shirt. Also included insurance and Field Rental.

Food: * Lunch provided by Looper's Subs each day with pizza on Friday.

Equipment: Sock and shinguards.

Coaches: Leon Head Soccer Coach McBrearty and Leon soccer coaches. Guest College Coaches Ricky Zambrano Head Soccer Coach of *Thomas University* and Vincent Gill Head Coach of *Middle Georgia College*.

If you have any questions, please contact Coach McBrearty at jpmcb3@hotmail.com

Payment: Please make all checks to Jamie McBrearty and bring registration to kick-arounds on Tuesdays and Thursdays throughout the summer. Deadline is July 31st for all T-shirt orders. Camp registration will be accepted until day of camp (Aug 3)

NAME: _____ **AGE:** _____ **GRADE:** _____

ADDRESS & ZIP: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

T-SHIRT SIZE: YOUTH: S M L ADULT: S M L XL XXL

See 2nd page for parent waiver.

Please list family doctor and any medical conditions or allergies.

Parent's Release & Indemnity Agreement: I hereby request my child or ward to be admitted to the *Leon Lions Team Soccer Camp* and authorize the Camp Directors to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Camp from any and all liability, and I will be responsible for any and all costs of medical attention and treatment present and future. I waive and release any and all rights and claims for damages I may have against all sponsors, the Leon County School Board, Leon High School, and all employees of the *Leon Lions Team Soccer Camp* for any or all damages which may be sustained and suffered by my child or ward in connection with their association with, or entry into this camp, which may arise out of participating in this camp.

PARENT NAME (PRINT): _____ **PARENT SIGNATURE:** _____

IMPORTANT MEDICAL INFORMATION:

Family Doctor: _____

Medical Emergencies: _____

Allergies: _____

