

**HORSEHEADS VARSITY "H"  
GIRLS SOCCER  
SUMMER CAMP**



**To Register:**

Complete the registration form below.  
Read the AUTHORIZATION FORM on the reverse  
side and sign it in the designated area, detach and  
mail with your camp fee.

**MAIL TO:**

HORSEHEADS CENTRAL SCHOOL  
ATHLETIC DEPARTMENT  
ONE RAIDER LANE  
HORSEHEADS, NY 14845

**CAMP FEE:** \$60 1-5 or \$80 6-12  
(Includes Camp T-shirt)

**MAKE CHECKS PAYABLE TO:**

HORSEHEADS VARSITY "H" CLUB

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE FALL 2015 \_\_\_\_\_

SHIRT SIZE:    YS    YM    YL  
(circle one) AS    AM    AL    AXL    AXXL



HORSEHEADS ATHLETIC OFFICE  
ONE RAIDER LANE  
HORSEHEADS, NY 14845  
607-739-5601

**HORSEHEADS**

**VARSLITY "H"  
GIRLS  
SOCCER  
CAMP**



**July 27-30**

**Grades 1-5**

**8:30-11:30**

**Grades 6-12**

**8:30-12:30**

**SPONSORED BY:  
HHS VARSITY "H"**

## GENERAL CAMP INFO

**CAMP DATE:** July 27-30

**CAMP TIME:** 8:30-11:30  
or 8:30-12:30

**CAMP LOCATION:** Horseheads  
MIDDLE School/behind Middle  
School Fieldhouse

**EQUIPMENT REQUIRED:** Socks,  
shin guards, cleats and or flats,  
water bottle and snack.

### **REGISTRATION FEE:**

**Grades 1-5 \$60.00**

**Grades 6-12 \$80.00**  
(This includes a camp T-shirt)

**Make checks payable to:**  
*Horseheads Varsity "H"*

### **COACHING STAFF:**

**Henry Ferguson**  
Girls Varsity Coach

**Greg Stevens**  
Girls Coach

**Randy Hollar**  
Girls Modified Soccer Coach

## CAMP PHILOSOPHY

The goal of this camp is to identify the athletes not only on the basis of age but also their ability. All ages and abilities will have opportunities to improve their soccer skills and knowledge. We provide a fun and fulfilling experience with the competitive edge necessary for all players to improve.

## CAMP SCHEDULE

**8:30-9:00:**

**Attendance/Run/Stretching/  
Warm-Up Game**

**9:00-10:00:**

**Skills and Drills (Stations)**

**10:00-10:45**

**Small Sided Games  
(4 v. 4 v. 4, 6 v. 6 v. 6, etc.)**

**10:45-11:30**

**Team Concepts  
(Marking, Transition, etc.)**

## AUTHORIZATION

WE THE UNDERSIGNED PARENT OR GUARDIANS OF \_\_\_\_\_ A MINOR, DO HEREBY AUTHORIZE THE DIRECTORS OF THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM, OR THEIR DESIGNEE, TO SELECT HOSPITAL FACILITIES AND/OR A PHYSICIAN OF THEIR CHOICE AND AUTHORIZE TREATMENT OF THE ABOVE NAMED CAMPER ON AN EMERGENCY BASIS IN THE EVENT THAT TREATMENT BECOMES NECESSARY DURING THIS SPORTS CAMP. WE HEREBY GRANT PERMISSION TO PARTICIPATE IN THE CAMP PROGRAM AND ACKNOWLEDGE THAT THE CAMPER NAMED IS PHYSICALLY FIT TO PARTICIPATE IN ALL CAMP ACTIVITIES. THE ATHLETE WILL OBEY ALL SCHOOL DISTRICT RULES AND REGULATIONS OR IS SUBJECT TO DISMISAL FROM THE PROGRAM AND BE SENT HOME IMMEDIATELY. THE SIGNATURE OF THE PARENT OR GUARDIAN ACKNOWLEDGES THEIR WILLINGNESS TO ENROLL THE CHILD IN THE HORSEHEADS VARSITY H SUMMER SPORTS CAMP PROGRAM UNDER THE CIRCUMSTANCES STATED ABOVE. THE SIGNATURE OF THE PARENT OR GUARDIAN RELIEVES THE HORSEHEADS VARSITY H CLUB, THE HORSEHEADS CENTRAL SCHOOL DISTRICT, AND THEIR DELEGATED REPRESENTATIVES FROM ANY AND ALL FINANCIAL RESPONSIBILITY.

Parent/Guardian: \_\_\_\_\_

Please print

SIGNATURE(PARENT)\_\_\_\_\_

HOME\_\_\_\_\_ WORK\_\_\_\_\_

PHYSICIAN\_\_\_\_\_

DATE SIGNED\_\_\_\_\_