2014 LVC Soccer Camps

Lebanon Valley College Soccer Camps – 2014

www.godutchmen.com/soccercamp

Co-Directed by: Charlie Grimes, Head Men's Soccer Coach and Lauren Salerno, Head Women's Soccer Coach

June 16-20 Day Camp (Boys & Girls, ages 7-14)

- Check-in on Monday, 8:15-8:45am
- Camp runs Monday through Thursday, 9am - 3pm; Friday, 9am – 11:30am (closing ceremony at 11am)
- Fee: $229 - Non-refundable $50 deposit required
- Lunch will be provided, Monday through Thursday (no lunch on Friday)
- Goal Keeper option: train exclusively as a goal keeper for the week
- Use of Arnold Sports Center and pool over lunch break
- What to bring each day: soccer ball, water bottle, cleats, shin guards, sneakers, sunscreen, swimsuit, towel

June 16-20 Jr. Dutchmen Camp (Boys & Girls, ages 4-6)

- Check-in on Monday, 8:15-8:45am
- Jr. Dutchmen Camp runs Monday through Friday, 9am – 11am (closing ceremony on Friday at 10:30am)
- Fee: $99 - Non-refundable $50 deposit required
- What to bring each day: soccer ball, water bottle, cleats, shin guards, sneakers, sunscreen

June 16-19 Evening Camp (Boys & Girls, ages 4-14)

- Check-in on Monday, 5:45pm -6:00pm
- Evening Camp runs Monday through Thursday, 6pm – 8pm (closing ceremony on Thursday at 7:45pm)
- Fee: $79 - Non-refundable $50 deposit required
- Goal Keeper option: train exclusively as a goal keeper for the week
- What to bring each evening: soccer ball, water bottle, cleats, shin guards, sneakers

June 20-22 Advanced ID Camp (Boys & Girls, entering grades 9-12 & college bound freshmen)

- Check-in on Friday, 2:00-2:30pm; Camp runs Friday, 2:00 pm through Sunday, 4:00 pm
- Fee: $239 (Resident only) - Non-refundable $50 deposit required
- Meals provided: dinner on Friday through lunch on Sunday; Housing provided in air-conditioned dorms
- Goal Keeper option: train exclusively as a goal keeper for the weekend
- What to bring for the weekend: soccer ball, cleats, shin guards, sneakers/flats, water bottle, swim suit, linens, pillow, alarm clock, toiletry items

Notes:
- Confirmation and communication will be done via email (please make sure you provide a legible email address)
- Final payment is due at check-in (Checks payable to: **Lebanon Valley College**)

Discounts:

Family Discount: $15 for each additional sibling that registers

*Group Discount: Eight (8) or more campers from the same club or school team attending the same camp session

- $10 for Day Camp or Evening Camp (all members of group must be attending the same camp session)
- $15 for Advanced ID Camp

* All registrations and deposits must come together in the same envelope in order to receive group discount.

2014 LVC SOCCER CAMP REGISTRATION FORM

Camper's Name | Age (at camp) | DOB | Gender

Entering Grade (Fall 2014) | Age Level in Fall '14 (ie U14) | Club Team

Address | City | State | Zip Code

Parent/Guardian | Phone Number | Emergency Contact | Phone Number

Primary Email Address — Please use ALL CAPITALS and write legibly — This will be our main form of communication

T-Shirt Size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL

Session (Please Check all that apply)

- ☐ Day Camp—June 16-20 (7-14 year old boys and girls)
  - ☐ Goal Keeper: Check here if goal keeper for day camp
- ☐ Junior Dutchmen Camp—June 16-20 (4-6 year old boys and girls)
- ☐ Evening Camp—June 16 -19 (4-14 year old boys and girls)
  - ☐ Goal Keeper: Check here if goal keeper for evening camp
- ☐ Advanced ID Camp—June 20-22 (boys and girls entering grades 9-12, and college bound freshmen)
  - ☐ Goal Keeper: Check here if goal keeper for ID Camp
  - ☐ Roommate Preference:_____

If your child has any medical or physical limitations (including allergies) that would limit or affect his/her camp activities please explain:_____

Parent/Guardian Authorization:

I hereby approve of my child's attendance at the Lebanon Valley College Soccer Camp and certify that he/she is in good health and able to participate in the program. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention. I understand, should an emergency condition arise, I will be contacted. If I am not available, I authorize you to contact:

Name of Physician | Phone

I recognize that insurance coverage on injuries received during the camp is the responsibility of the parent or guardian's insurance policy.

Insurance Carrier | Policy Number

Signature | Date

MAKE CHECKS PAYABLE TO: Lebanon Valley College

Please complete registration form and mail with a $50 non-refundable deposit to:

Soccer Camp, Attn: Lauren Salerno
Lebanon Valley College
101 N. College Ave, Annville, Pa 17003
salerno@lvc.edu
717-867-6470