



2009 Summer Soccer Camps



Full Day (9am - 5pm) - \$140.00 Half Day (9am - 12pm) - \$70.00

July 13th - 17th (Monday-Friday)

June 22nd - 25th (Monday - Thursday)

July 27th - 31st (Monday-Friday)

LOCATION: JAMES CITY /WILLIAMSBURG COMMUNITY CENTER, 5301 LONGHILL ROAD

These JCC and Virginia Legacy Soccer Camps are appropriate for all beginners, developmental, recreational and players. We organize our camp so that boys and girls will be placed in groups based on age, but more importantly ability, to ensure the best environment available. Our camps are designed to create the foundation for the children's participation in soccer for many more years to come by introducing FUN activities that allow your child to learn to play and play to learn!

All participants to the camp will receive a Nike Legacy Soccer Schools shirt and 1 free ticket to an upcoming Legacy PDL game. The Typical Full Day Schedule will look similar to the following:

- 9:00 – 9:30 – Camp Meeting/ Warm-up
- 9:30 – 10:45 – Soccer Specific Instruction
- 10:45 – 11:00 – Snack Time
- 11:00 – 12:00 – Soccer Games
- 12:00 – 1:00 – Lunch
- 1:00 – 2:45 – Swimming Pool/ Movies
- 2:45 – 3:45 – Indoor Soccer
- 3:45 – 5:00 – Soccer scrimmages

Questions? Go to www.valegacysoccer.com or contact us by phone 757-253-VLSC (8572).

Detach registration and send to Virginia Legacy Soccer Club: 5700 Warhill Trail, Williamsburg, VA 23188 Phone 757-253-VLSC(8572)

JCC Parks and Recreation & VIRGINIA LEGACY SOCCER CLUB / SUMMER SOCCER CAMP

Camp : Full Day \$140.00 July 13th-17th (9 a.m-5 pm / Mon-Fri) or July 27th-31st (9 a.m-5pm / Mon-Fri)
Half Day \$70.00 June 22nd-25th (9 a.m-12 pm / Mon-Thursday)

Player's Name _____ Male _____ Female _____ Date of Birth _____

Address _____ City _____ Zip _____ Home Phone _____

Parent Names _____ Work Phone (Dad) _____ Work Phone (Mom) _____

Cell Phone _____ Email Address: _____ Team Shirt Size: YS YM YL YXL AS
5yr old ← → 10 yr old

School _____

MEDICAL RELEASE

Emergency Contact other than parent or guardian:

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____ Hospital _____

Name of Insurance Company _____

If yes, Name of Group _____ Policy Number _____

Please list any medical history which would aid in an emergency, allergies to medications, other:

The player has been granted permission to attend and participate in JCC/Virginia Legacy Soccer Camp. In exchange for the privilege of the player participating in this program, I, the undersigned, waive any legal claim against those associated with this program, in the event the player is injured while participating in this program.

I, the undersigned, give my consent, in case of injury, to have a coach, athletic trainer, medical doctor, nurse, hospital or clinic provide the player with medical assistance and/or treatment, and agree to be financially responsible for the reasonable costs of such assistance and/or treatment.

Office Use Only

