

2008 Villa Hills Summer Soccer Camp

June 23-27

9:00am-12:00pm

Villa Madonna Fields

Cost \$75.00 per player

T-shirt included

Space is limited so signup early (payment required to reserve spot)!!!

YOUR KIDS WILL LOVE THIS CAMP!!!

All regular camp sessions will be held in the morning. There will be an evening goalkeeping camp as well as a peewee camp for kids ages 3-5.

Goalkeeping camp 6-8pm \$50.00 Peewee 6-7:30pm \$40.00

About the Camp: The head trainer for the camp is Ben Urso. Ben's training method teaches kids how to play soccer and to be competitive in a fun learning environment. His background as an elementary teacher enables him to communicate the concepts and skills required to play and enjoy the game of soccer.

Experience: Coach Urso has either coached or trained nearly every premier team ages U9-U15. He is a member of the Olympic Development Staff. He currently coaches a 95/96 girls' premier team that has won numerous league and tournament championships and has been ranked as high as #1 in the country on National Soccer Rankings.com. Ben Urso has five years experience coaching at the high school level as a Freshman, J.V. and Varsity coach at McAuley High School and has served on the Ohio South Youth Soccer camp staff. Ben Urso currently holds the U.S. Soccer "C" License. He graduated with a B.S. and Masters in Education from Ohio University, where he played soccer. He currently teaches 6th grade in the Foresthills Local Schools District.

Child's Name: _____ Boy/Girl (circle)

Age: _____ Grade (fall) _____ T-shirt size _____

Years playing soccer: _____ Level (Rec./Select/NA): _____

Session: Regular 9:00am-12:00pm \$75.00 \$85.00 after May 31st

Goalkeeping 6-8pm \$50.00 Goalkeeping and Regular session \$110.00

Peewee 6-7:30pm \$40.00

TOTAL: _____

Please fill out a separate form for each child. You can write one check for all forms

Make checks payable to VHSC. Mail to VHSC, P.O. Box 17101, Covington, KY 41017-0101



Medical Information

Player's name _____ Date of Birth _____

Last tetanus booster _____

Known allergies (including medicines) _____

Any other medical problem that should be noted _____

Family Physician _____ phone number _____

Name of Parent/Guardian _____

Address _____

Phone number home _____ mobile: _____

Person to notify if Parent /guardian is unavailable _____

Phone number home _____ mobile _____

Insurance carrier _____ policy number _____

Waiver

I, the parent/guardian of the camp participant, recognize the possibility of physical injury associated with soccer. I hereby release Villa Hills Soccer Club, their employees or associated personnel, including owners of the field/facility against any claim by or on behalf of the camp participant as a result of participation in this program.

As the parent/legal guardian of _____, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Signature of Parent/guardian _____ Date _____