

8th Annual!

Register NOW for the 2011 Summer

CC Select Soccer Camp

NEW LOCATION ON STARR ROAD!!!



• **WHO CAN SIGN UP:** 2 age groups for Boys & Girls:

1. **YOUTH STARS** – for kids **entering** grades 1st – 6th
2. **SENIOR STARS** – for kids **entering** grades 7th – 9th

• **DATES:** Monday June 27th – Thursday June 30th

• **TIMES:** 8:30-11:30am

• ***NEW* LOCATION:** Testa Park (Starr Road)
– Please note that camp will NOT be at Barry School

• **COST:** Only \$70*
– Registration includes: a T-shirt, water bottle and soccer ball!
– Please make checks payable "CC SELECT SOCCER"

** Limited financial assistance is available on a 1st come 1st serve basis*

SPONSORS



Cortland Youth Bureau
35 Port Watson Street
(607) 753-3021

Cortland YMCA
22 Tompkins Street
(607) 756-2893

A TYPICAL DAY AT CAMP:

- Warm-up and stretch
- Technical Session (soccer skills)
- Tactical Skills (offense / defense)
- Small-Sided Games
- Cool down and closure

REMINDER:

Campers should bring shin guards and a water bottle each day!

REGISTRATION: Please register by ~~FRIDAY JUNE 10th~~ **Deadline Extended until FRIDAY JUNE 17th**

1. Dropped off OR mailed to the Cortland Youth Bureau
OR
2. Mail to: Cortland Schools, Attn: Nick Kline, Cortland, NY 13045

QUESTIONS: Contact Nick Kline by email at nkline@cortlandschools.org or by phone at 758-4160.



CC Select Soccer Camp Registration Form

Complete EACH line below * Deadline is Friday, 6/17/11 * Please enclose payment (Payable to CC Select)

Player's Name: _____ Age: _____ DOB: _____

Player's Shirt Size: -YS, -YM, -YL, -AS, -AM, -AL Grade (as of 9/11): _____

Parent Name(s): _____ Phone: _____

Address: _____ City: _____

Email Address: _____

Emergency Contact Person: _____ Phone: _____

Release of Liability

In consideration of participation I the undersigned intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the all coaches and sponsors of this program, their representatives and successors for any and all injuries suffered by me or my child. I attest and verify that my child is physically fit and in good physical condition that has been verified by a licensed medical doctor. Further, I hereby grant full permission for the use any photographs, videotapes, motion pictures, recording or any other record of this event for any legitimate purpose.

Parent Signature: _____ Date: _____