



# East Hanover Soccer Summer Camp

## Hosted by Fox Soccer Academy



**August 10th-14th (week 1)**

**Time: 9 am - 12 pm Ages: 4 – 14**

**August 17th-21st (week 2)**

**Cost: \$150**

Our summer Camps create continued development for all ages and abilities throughout the off- season. The program runs for one week (Monday through Friday) for 3 hours each day. The daily training focuses on developing the game related techniques and tactics essential to playing at a higher standard. Each day will focus on a different element of soccer and will include tactical, technical, and physical elements.

**The summer Camps will focus on the following areas of soccer:**

**Individual technique, Speed and Agility, Conditioning, System of Play, Finishing**

### East Hanover Camp Player Information

Name: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent / Guardian(s): \_\_\_\_\_

D.O.B: \_\_\_\_\_ T-Shirt Size: S M L (circle one)

Camp Date(s): Aug.10-14 / Aug. 17-21 (circle one)

#### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone#: \_\_\_\_\_

#### PARENT / GUARDIAN CONSENT AND WAIVER

In enrolling with Fox Soccer Academy, I understand that attending the programs and using Fox Soccer Academy and it facilities are doing so at his/her own risk. FSA shall not be liable for any damage whatsoever arising from injury or property loss sustained while on the premises or during the services rendered by an FSA associate. He/She fully release FSA, all associated facilities, employees and agents from any all claims. I, the undersigned Parent / Guardian, grant authority to the staff at FSA to render a judgment concerning assistance and care in the event of accident or illness.

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

**PRINT AND MAIL THIS FORM ALONG WITH \$150 PAYMENT TO:**

FOX SOCCER ACADEMY  
P.O. BOX 1853  
NEW BRUNSWICK, NJ 08901-1853