

# Festus Soccer Summer Camp 2017

Players Entering Grades 1<sup>st</sup>-9<sup>th</sup>

Monday, July 10- Thursday, July 13

1<sup>st</sup>-4<sup>th</sup> 5:00-6:00PM

5<sup>th</sup>-9<sup>th</sup> 6:30-8:00PM

Festus R6 Turf Field



**\*New and Experienced Players Welcome\***

*This one-week camp will cover technique development as well as principles of team play.*

**REGISTRATION FEE:** \$30 per player

All checks can be made payable to Festus R-6  
School District.

**APPLICATION DEADLINE:** JUNE 1<sup>ST</sup>

**OTHER INFO:**

*\*Bring your own cup/bottle for water each night*

*\*Camp announcements (cancellations due to weather, reminders, etc) will be sent through  
Remind101. Sign up for this free service by texting @r6camp17 to 81010.*

*\*A **current physical** is strongly encouraged.*



*For additional information*

***Coach Burgert***

***burgertaustin@festusedu.com***



***Coach Clinton***

***clintondrew@festusedu.com***

Please complete and return this half of the flyer along with your payment to the address below. **DEADLINE TO REGISTER IS JUNE 1**:

Festus High School  
**Attn: Drew Clinton**  
501 Westwind Dr, Festus, MO 63028

**Player Name:** \_\_\_\_\_ **Grade level for 2017-18:** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_ **Shirt Size(circle):**

**Parent Email:** \_\_\_\_\_ YS YM YL S M L XL

**Payment Enclosed:** \$ \_\_\_\_\_ cash/check (circle one) **Injury Waiver**

My son/daughter \_\_\_\_\_ has my permission to attend the Festus Soccer Camp. I understand that there is risk of injury during any physical activity and will not hold the coaching staff or the Festus School District liable for any injuries that may occur. I also understand that Medical Insurance Coverage will not be provided and that my child will be covered under my Medical Insurance.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_