

Albemarle Patriots Soccer Camp



June 11th – June 15th

9:00 am to 12:00 pm



Grades: K – 8th



2012- Boys 3A VA High School State Champions

2014- Boys 5A VA High School State Runner-Up

2016- Boys 5A VA High School State Champions

2014, 2015, 2016, 2017- Undefeated Jefferson District & Conference 16 Champions

2016- Girls 5A VA High School Semi-Finalist

2017- Girls 5A VA High School State Champions

Developing tomorrow's soccer players today!

- LOCATION:** Albemarle High School Turf Field
- TIMES:** 9:00 am – 12:00 pm
- WHO:** **Rising K – Rising 8th Graders; Girls and Boys**
- COST:** \$150 for the 5 day camp
- WHAT TO BRING:** Soccer shoes, soccer ball, shin guards, water bottle, and a small snack. *Each camper will receive an AHS soccer t-shirt!*
- CAMP PHILOSOPHY:** **PATRIOTS Soccer Camp** is committed to providing a fun playing atmosphere for all campers. The coaches are devoted to the improvement of each camper through skill instruction, teammate development, and creative games.

Questions: Contact Amy Sherrill @ (434) 975-9300 ext 60011 or asherrill@k12albemarle.org

Contact Zach Laird @ zlaird@k12albemarle.org

PATRIOTS SOCCER CAMP REGISTRATION AND WAIVER

Name of Camper: _____

Grade (Fall 2018): _____

Address: _____

Parent/Guardian Email: _____

Parent/Guardian Phone #: _____

Emergency Contact's Name: _____

Emergency Contact's Phone #: _____

Tshirt Size: _____ *Not all sizes guaranteed but we will do our best ©

Camper Medical Information – Circle answers:

Y \ N Does the camper have asthma?

Y \ N Has the camper ever experienced an epileptic seizure or been informed that he/she might have epilepsy?

Y \ N Has the camper ever been treated for diabetes?

Y \ N Has the camper ever been told that he/she has a heart murmur?

Y \ N Has the camper ever experienced a concussion during the past 3 years? If yes, give dates: _____

Y \ N Has the camper had a fracture during the past 2 years? If yes, indicate area and dates: _____

Y \ N Is the camper currently on any medications? If yes, please list: _____

Y \ N Does the camper have any allergies? If yes, please list: _____

Please list any other pertinent medical information: _____

LIABILITY WAIVER: I am aware that participation in the *Albemarle Patriots Soccer Camp* has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in the *Albemarle Patriots Soccer Camp*, I, the parent/guardian, assume the risk of all injury and agree not to sue Albemarle High School, the camp directors, coaches, assistant coaches, agents, or volunteers for any and all injuries caused by or resulting from participating in the *Albemarle Patriots Soccer Camp*.

Parent/Guardian Signature _____

CAMP TUITION

Payment: \$150* check payable to *AHS Girl's Soccer Boosters*

Please send to: Albemarle High School Athletic Department

c/o Coach Amy Sherrill

2775 Hydraulic Road Charlottesville, VA 22901

PAYMENT ALSO ACCEPTED 1ST DAY OF CAMP!

* Need-based camp scholarships are available – email Coach Sherrill.