

Camp Registration Form

*1st Touch Soccer *will not* accept registrations from incoming or current high school soccer players.

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Birth Date: _____
 Home Phone: _____
 Work / Cell Phone: _____
 Email: _____

Please Check All That Apply

Rutherford, Week 1: Memorial Park

July 7th—July 11th, 2014

Full Day, \$205: _____ Half Day, \$170: _____

Rutherford, Week 2: Memorial Park

August 4th—8th, 2014

Full Day, \$205: _____ Half Day, \$170: _____

Fair Lawn: Dobrow Sports Complex

July 28th—August 1st 2014

Full Day, \$220: _____ Half Day, \$180: _____

Discounts (See FAQs)

Team Rate? _____

Additional Sibling Discount? _____

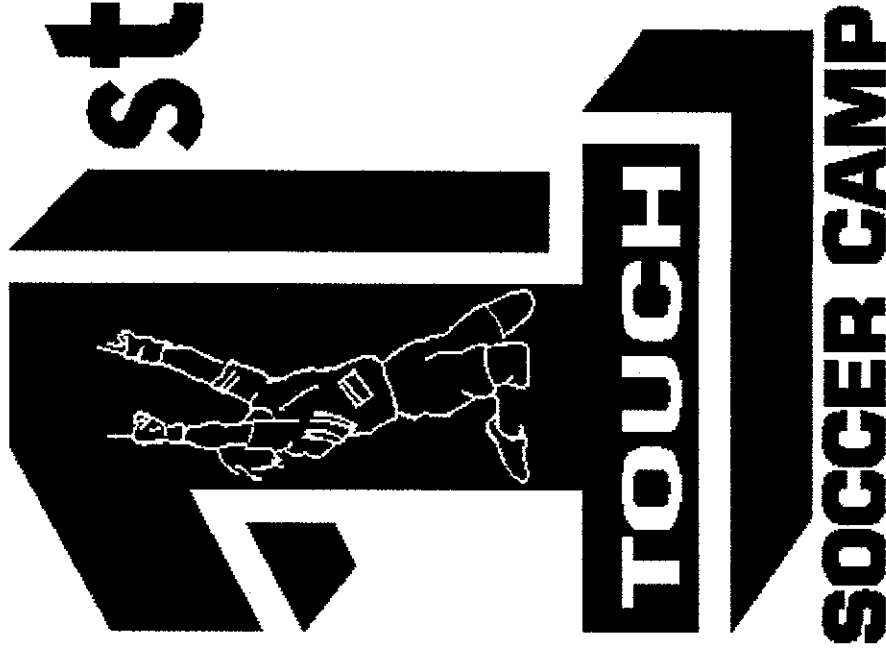
If registering with a team, who is your child's coach and for which age group do they play? _____

Please mail your child's registration, release forms, immunization records, and check to:

1st Touch Soccer
 49 Pomona Ave
 Fair Lawn, NJ 07410

1st Touch FAQ's

- **What should my son or daughter bring to camp?** Players should wear soccer cleats or sneakers and shin guards. Players will also need to bring a ball, snack or lunch, and plenty of water. It will be hot!!!
- **What will happen in the event of inclement weather?** Please show up to camp at 9 am regardless of the weather situation. The camp director will make a decision at the field.
- **How will I know that my son or daughter has been registered?** Parents will receive an email or evening phone call to confirm registration.
- **Are there any discounts or team rates?** First, there is a \$30 discount per player team rate. If ten players from the same team attend a full day camp, the team will be registered at the team rate. Your coach or team rep. must send in the registrations all at once. In addition, your group will receive team specific training for the week!
- Also, parents who have two or more children attending camp will receive \$10 off of each subsequent child.
- **What is required to register for camp?** Please detach and mail the completed registration/release form from this flyer along with your child's up to date immunization records and a check to the Fair Lawn address on the form. If you are unable to immediately obtain immunization records, you may mail them at a later date or bring them on the first day of camp.



For more info, please email us at:

first_touchsoccer

1st Touch Soccer Camp is presented in conjunction with Fair Lawn All Sports

WELCOME TO 1ST TOUCH SOCCER CAMP, SUMMER 2014

1st Touch Soccer is dedicated to creating a safe, fun and ability appropriate learning environment for your elementary, middle, and junior high school aged soccer players. With our teaching and coaching experience, we aim to provide your child with a positive soccer experience through challenging session plans, all-inclusive activities and a wealth of soccer and camp knowledge.

While 1st Touch Soccer's primary goal is to improve your young player's on field performance, we also place emphasis on other important concepts such as teamwork, cooperation and sportsmanship. Our USSF licensed staff are eager to work with you and your children this summer.

The Staff

John Randazzo

Rutherford HS Boys Varsity Soccer

Richard Blanchard

Rutherford HS Boys Soccer

John Van Soest

Fair Lawn HS Girls Soccer

Delvin Horsford

North Jersey Stallions

Kathleen Sinram

William Paterson Women's Soccer

CAMP ITINERARY

HALF DAY

9:00 am – Check in & Warm – up
9:15 am – Turns and Moves
9:35 am – Topic of the day
10:15 am – Soccer Students' Show-case
10:30 am – Small-sided Games
11:00 am – Snack/Lunch & Coaches' Challenge
11:45 am – World Cup Tournament
12:45 pm – Closure
1:00 pm – Dismissal

**Recommended for players ages 5-7*

FULL DAY

9:00 am – Check in & Warm – up
9:15 am – Turns and Moves
9:35 am – Topic of the day (technical)
10:15 am – Soccer Students' Show-case
10:30 am – Topic of the Day (spatial)
12:00 pm – Lunch & Coaches' Challenge
12:45 pm – Champion's League Futsal
1:45 pm – World Cup Tournament
2:45 pm – Closure
3:00 pm – Dismissal

**Recommended for players ages 8-13*

Medical & Liability Release Form

Parent's Name: _____

Emergency Phone #: _____

Physician's Name: _____

Physician's Phone Number: _____

Allergies: _____

Please list any other important medical information: _____

Please include an up to date copy of your child's immunization records with their registration form.

I, the parent / guardian of _____, understand the risk involved while participating in a strenuous activity like soccer and certify that my child is in excellent health. My child has no physical or mental disabilities that would restrict participation, except those submitted with this application in writing. I hereby waive, release, and hold harmless all employees and representatives of 1st Touch Soccer from all liability for any injuries and illnesses suffered while participating in 1st Touch Soccer Camp, 2014. I authorize the employees and representatives of 1st Touch Soccer to act for me in their best judgment in any emergency that requires medical attention for the above named minor. It is also understood that 1st Touch Soccer will not be responsible for any damages caused by said minor or for loss or damage of any personal items or property.

Signed: _____

Date: _____