

**CLARK SOCCER CLUB  
SUMMER SOCCER CAMP**

**www.uspsoccer.com  
732-963-9769**



**WEEK:** July 20 to July 24  
**TIMES:** HALF DAY 9am to 12pm  
 TOTS 9am to 10:30am  
 FULL DAY 9am to 3pm  
**FEES:** HALF DAY \$165.00 (\$25 OFF \$140 by 5/1)  
 TOTS \$135.00 (\$25 OFF \$110 by 5/1)  
 FULL DAY \$255.00 (\$56 OFF \$199 by 5/1)  
**AGES:** BOYS AND GIRLS, 4 to 18 YEARS  
**LOCATION:** Bartel Field, Bartel Place, Clark, NJ

*The camp offers programs for kids of all ages and skill levels.*

TOTS is offered for ages 4 - 5 years. This program is offered as a one and a half hour program to introduce your child to the basic skills of soccer in a fun filled environment.

KINDERKICKS is offered for ages 5 - 7 years. This program is geared toward teaching the fundamentals of the game - passing, shooting, dribbling, control, and heading.

JUNIOR program is for ages 7 - 10. Individual skills are sharpened and applied in small sided games. Campers will work on soccer fundamentals and basic tactics/strategies of the game will be introduced.

COMPETITIVE program for ages 10 - 12. Challenges the skill level of each camper. Advanced skills and tactics/strategies will be applied.

ADVANCED program is offered to campers 12 and over. The enjoyable curriculum provides a challenging environment to maximize each campers potential.

TEAM program is offered to teams of twelve or more players. Our top level staff coaches will tailor a curriculum to meet the

**All campers will receive a camp t-shirt and a certificate of completion.**

*Campers provide their own snack, water bottle, shin-guards, and a ball. Extra water will be provided at the camp.*

*Additional information will be provided via our website [www.uspsoccer.com](http://www.uspsoccer.com).*

**SUMMER SOCCER CAMP REGISTRATION**

*Full payment is required with this registration. Checks payable to: "Clark Soccer Club-USP".*

*Mail to: Clark Soccer Club, 16 Doreen Drive, Oceanport, NJ 07757.*

CAMPER'S FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

AGE AS OF CAMP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PROGRAM (CIRCLE) TOTS (TT) KINDER KICKS (KK) JUNIOR (JR) COMPETITIVE (CP)  
 ADVANCED (AD) TEAM (TM)

TIMES (CIRCLE) 9AM- 12PM(KK, JR, CP, AD, TM) 9AM - 10:30AM(TT) 9AM - 3PM(JR-AD)

I hereby agree to let my child participate in the sport of soccer. I understand there are certain risks of injury inherent in the practice and play of this sport as well as traveling and other related activities incidental to my participation and I am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport of soccer and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity. In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless, this camp, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I grant permission to use photographic or video images in future promotional materials.

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_