

Registration

Name _____
Address _____
City _____ State _____
Zip _____
E-mail _____
Home phone _____
Cell Phone _____
Gender _____
Grade _____
Date of Birth _____

T-shirt (100% cotton) Size:

Free camp tee included in \$75 fee

YM YL AS AM AL AXL

**Please bring a soccer ball,
shinguards, indoor & outdoor
shoes, and water to each session**

Session 1, 2, OR 3 (\$75) \$ _____

Early discount (\$10) \$(____)
Register by June 20th

Additional Camp Tee (\$10) \$ _____
Size: YM YL AS AM AL AXL

TOTAL Enclosed \$ _____

Register online at

www.visionsocceracademy.com

Or make Checks Payable To:

Vision Soccer Academy of Waukee

Send To:

VSA of Waukee

Attn: Summer Camps

P.O. 22226

Clive, IA 50325



June 30th - July 3rd

In conjunction with

WARRIOR



Soccer Academy

Boys & Girls Grades 5 - 12



Camp Director

Matt Kennedy

- United States Soccer Federation “A” License
- Former professional goalkeeper for Major Indoor Soccer League (MISL) & North American Soccer League (NASL)
- Vogelsinger Soccer Academy staff coach
- Former Concorde Fire (Atlanta) Director of Academy & Goalkeepers
- Former Des Moines Menace Academy Boys Director
- Former Roosevelt H.S. Boys Coach

Additional staff comprised of former & current players will be used to ensure a low player to staff member ratio.

Information

When: Monday, June 30th – Thursday, July 3rd

Grades & Times:

5 th 6 th 7 th	9:00 am – 11:30 am
8 th 9 th	12:00 pm – 2:30 pm
10 th 11 th 12 th	3:00 pm – 5:30 pm

Gender: Boys and Girls

Location: Vision Soccer Academy Complex

Coach to player ratio: 12:1

CAMP CURRICULUM

Technical & Tactical Instruction
Soccer Specific Speed & Agility Training
Focus on passing & receiving, crossing & finishing

CAMP FEE

\$75 (10 hours)

Register online:

www.visionsocceracademy.com

Early registration discount 6/20



Parental Consent

Insurance Company

Policy or Group #

Known Allergies

Medications currently taking

Date of last tetanus shot

Emergency Contact Phone #

Waiver Agreement: I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release Waukeez High School & Vision Soccer Academy (VSA) and all members of the camp staff from all claims on account of injuries which might be sustained by my son or daughter while traveling to, participating in, and returning from this camp; and I agree to indemnify Waukeez High School & VSA and all members of the camp staff from any claim which may hereafter be presented by my son or daughter as a result of such injuries.

Signature of Parent/Guardian

Date