

# Cougar Soccer Camp 2016

**Camp Dates:** August 8 – August 12

**Ages:** 11 – 18

**Time:** 5:30 – 8:00 PM

**Place:** Campbell HS

**COST:** \$90.00 PER CAMPER, Includes a camp T-shirt & Ball

*(This is a pre-season Middle/High School training & conditioning week for Litchfield Residents)*

**Note:**

- High school players are encouraged to attend in preparation for their preseason.
- There is a 10% sibling discount (i.e.: the first child pays the full amount and discount applies to the 2nd, 3rd, etc.)
- **Each participant must have proof of an updated Physical exam on File with the high school. All Middle School applications MUST have an accompanying Physical exam form. Physical Exam forms can be found on the Campbell Athletic Website.**

The camp will be directed by Bob Gannon, currently the head coach of the Boy's program, with assistance from both former and current players of the Campbell High School soccer programs. The camp's goal is to teach individual foot skills and ball control in a fun and exciting environment, while conditioning players for their upcoming season. The sessions will be highly active, yet include age appropriate training.

**\*\* Each camper should have a water bottle, cleats, sneakers, & shin guards.**

**Checks should be made payable to:** *Campbell High School/Cougar Soccer Camp*

**Please mail check and application to:**

**Bob Gannon  
1 Highlander Court  
Litchfield, NH 03052**

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## Application Form

I wish to enroll my son/daughter in the Cougar Soccer Camp. He/she is covered by our family insurance and is in good health and able to participate in the physical activity of a vigorous program. I understand that the Cougar Soccer Camp, its staff, and the Litchfield School District are not responsible for accidents and medical or dental expenses incurred as a result of participation in this program. I authorize the camp director to act for me according to their best judgment in any emergency requiring medical attention.

**Player's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Shirt Size** **S M L XL**

**Parent's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Present Grade completed** \_\_\_\_\_

**Parent's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Insurance carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Physical Limitations/Allergies** \_\_\_\_\_

**Current medications** \_\_\_\_\_

*This is a School District Activity*