

## ABOUT CAMP

**WHO:** Boys & Girls  
Ages 5-12

**WHEN:** June 20th-24th  
Monday-Friday 5:00pm - 7:00pm

**WHERE:** Grove City Soccer Youth Association fields. GCYSA Fields are located about a mile south of 208 on N. Liberty Rd. For details go to: <http://www.grovecitysoccer.com/aboutdirections.html>

**COST:** \$50/\$45 for 2 or more  
*Add \$10 charge to registrations turned in after deadline*  
FULL REFUND UP TO FIRST DAY OF CAMP

**WHAT TO BRING:** Soccer ball, cleats, shin guards, water bottle, and the desire to improve your skills.

**REGISTRATION DEADLINE:**  
*\$10 charge added to registrations turned in after June 7*

## CONTACT INFO

**FOR MORE INFORMATION:**

call Coach Les Smith  
(412) 225-9929

**MAIL REGISTRATION TO:**

William Zimmerman  
523 Stewart Ave  
Grove City, PA 16127

**June 20th-24**

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- Physical - Speed, strength, agility & power.
  - Technical - Shooting, passing, heading, volleying, trapping, first touch.
  - Tactical - Principles of Attack / defense, set plays, tactical strategies will be emphasized.
- Psychological - Success, failure, injury, self image/esteem



Soccer Camp for  
all skill levels.

**AGES 5-12**

**Skills  
Drills  
Games  
Defensive Skills  
Offensive Skills  
Goalie Skills  
&  
Fun**

**June 20th-24th  
Monday-Friday  
5:00pm-7:00pm**

## OUR MISSION

The staff of the GCSC are dedicated to providing our community with the best soccer experiences and services. Players will participate in a unique training experience that will be both demanding and effective while maintaining a safe and fun learning atmosphere.

## OUR GOAL

We believe that team building and communication are important but they cannot fully compensate for poor individual basic skills and weaknesses. A team's success is only as effective as the individual players that make it up. By focusing on individual player competency and abilities we can successfully build a more complete and effective team.

## INSTRUCTORS

### Les Smith:

PA West "D" National License  
NSCAA National Diploma  
NSCAA Regional Goalkeeper Diploma  
Slippery Rock HS Girls Coach

### Bill Zimmerman:

NSCAA National Diploma  
NSCAA Regional Goalkeeper Diploma  
Slippery Rock HS Girls Coach

### Ron Churchill:

Head Grove City HS Boys Coach  
NSCAA Regional Goalkeeper Diploma

## Registration Form

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Existing Medical Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Known Allergies: *(include medicine, food, bee stings, etc.)*

Current Medications: *(or any related information that would assist in safe treatment)*

Amount Enclosed (full amount): \_\_\_\_\_ *(Make Checks Payable To: William Zimmerman*

*Position Played: \_\_\_\_\_ 523 Stewart Ave Grove City, PA 16127*

### Medical Release:

I hereby permit my child to participate in the Grove City Soccer Camp program and understand that it is not affiliated with the Grove City Youth Soccer Association. I understand and fully accept that there are risks involved in sports, and that accidents and injuries are common and are ordinary occurrences of sports. I hereby release and hold harmless The Grove City Youth Soccer Association, all Grove City Soccer Camp staff, designated coaches, and program officials and volunteers from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. In case of a medical emergency, I hereby give permission to Grove City Soccer Camp Staff and Volunteers to order treatment for my child. This includes any necessary medical treatment and x-rays. Of course, I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I also understand that all related medical costs are my responsibility.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**PLAYERS WILL NOT BE REGISTERED WITHOUT THE REQUIRED SIGNATURE AND PAYMENT**