

Good Counsel Falcons Soccer Camp



For Boys and Girls Ages 6-14
2009 Sessions: June 15 - June 19
July 6 - July 10
Elite Soccer Camp – Ages 12-18
2009 Session: August 3 – 7

Good Counsel High School
17301 Old Vic Boulevard
Olney, Maryland
20832

CAMP GOALS

The camp's goal is to provide quality instruction in the fundamentals of soccer. We will have a small camper to counselor ratio, which assures that all campers will have individual instruction. We feel it is important for the boys and girls to have fun and enjoy their week at camp while still working hard to improve their skills. Teamwork, effort, sportsmanship, and confidence will be promoted in a positive training environment. Each player will receive a complimentary camp shirt, as well as a report card analyzing his or her skills, including recommendations for improvement.

CAMP STAFF

The Camp Director is the Men's Varsity Soccer Coach, Julio Zarate. Joining the coaches will be current Varsity players and alumni who are eager to teach the game of soccer. The staff teaches the basic fundamentals of the game, while showing an enthusiasm for working with youngsters.

The camp also has an executive director in charge of registration and logistics, Jude Lozupone. Contact information for the executive director is provided below.

HOW TO REGISTER

Complete the attached application form and return it with the required payment. Tuition for the Good Counsel Soccer Camp is \$220.00. Acceptance is determined on a first-come, first-served basis. Because of the limited enrollment of the camp, applicants are encouraged to get their form and payment in early. Applications that pay in full by May 1, 2009 will get a \$10 discount. In addition, there is a discount for siblings – the cost for any additional siblings is \$205.00.

FOR FURTHER INFORMATION

Good Counsel Falcons Soccer Camp
Attn: Administrative Director, Jude Lozupone
E-mail: lozupone2000@yahoo.com
Tel: (301) 460-9523

<http://www.digitalsports.com/team/id/74676.aspx>

CANCELLATION POLICY

If a camper has to withdraw, they will receive a full refund if the camp is notified before June 1, 2009. Cancellations after that date will only be eligible for a 50 percent refund.

LOCATION AND FACILITIES

Good Counsel High School is located directly off Route 108 in Olney, MD. The gym area and fields are located on the right side of the school.

DAILY SCHEDULE

| | | | |
|-------|------------------------------------|-------|------------------------------------|
| 8:30 | Earliest you can arrive at Camp | 12:00 | Lunch |
| 9:00 | Stretching/Warm-Up Game | 1:00 | Fundamentals and Skill Development |
| 9:15 | Fundamentals and Skill Development | 1:30 | Afternoon Game |
| 10:15 | Morning Game | 3:00 | Campers Depart |

WHAT TO BRING

Campers should come dressed ready to play in t-shirts, shorts, shin guards, soccer cleats, and a soccer ball. Campers should bring a bag lunch and a water bottle. The campers may either bring or buy drinks and snacks at lunch time and break times.

PLEASE CHECK THE APPROPRIATE DATE(S) OF ATTENDENCE BELOW:

_____ **JUNE 15 - 19** _____ **JULY 6 - 10** _____ **AUG 3 - 7 (ELITE)**
FALCONS SOCCER CAMP APPLICATION FORM - 2009

(Print clearly)

Name: _____

Address: _____

Are you a GOALIE: Yes _____ No _____

City: _____ State: _____ Zip: _____

Select T-Shirt Size (circle one)

Adult: XL L M S

Youth: L M

Grade, Fall 2009: _____ Birthdate _____ Ht: _____ Wt: _____

School: _____ Coach: _____

Tuition: \$220.00 per session
(\$205.00 for siblings)

Parent's E-mail: _____

I hereby authorize the staff of the Good Counsel Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Good Counsel Soccer Camp, Good Counsel High School, and all camp staff from any and all liability for any injuries or illness incurred while at the camp. I have no knowledge of any physical impairment that would interfere with my child's participation in the camp program, as outlined in the brochure. I understand that the camp is not responsible for my child during non-camp hours. I also understand the camp retains the right to use photographs of campers taken at camp for publicity and advertising purposes.

Parent or Guardian Signature: _____

Home Phone: _____ Work Phone: _____ Date: _____

Emergency Name: _____ Phone: _____

Medical Problems/Allergies: _____

Make checks payable to: **Good Counsel High School**

Mail application to:
Good Counsel Falcons Soccer Camp
14001 Flint Rock Road
Rockville, MD 20853

For Office Use Only

Amount Paid _____ Check #/Date _____