



# Breckinridge County Youth Soccer Camp

**Coach Rob Garrett & Lady Tiger Soccer Team**

**Camp Date: April 27, May 4, May 11, May 18, and May 25**

**Open to Ages: 4 - 14**

**Location: Breckinridge County High School Practice Soccer Field**



## REGISTRATION FORM

### PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ cell: \_\_\_\_\_

Guardian email: \_\_\_\_\_

Guardian's name: \_\_\_\_\_

Guardian's cell: \_\_\_\_\_

Emergency contact#: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

### Camp Details:

Participants will receive soccer instruction at a level that will both challenge them and ensure they have a fantastic experience at soccer camp. Participants will be split by age groups. Coaches and Volunteer Soccer Staff will cover different soccer topics and themes each day. Players will learn various soccer skills and techniques of the game and have scrimmage time in order to put into practice everything they have experienced. Players will also be split into teams and play four 30-minute games.

*Age Groups: 4-6 Co-Ed, 7-10 Co-Ed, 11-12 Boy/Girl, and 13-14 Boy/Girl (This may change depending on numbers of campers & exceptions may be made on individual cases)*

**Payments:** Tuition may be paid by cash or by check. Make the check payable to: **BCHS Soccer**

### Camp Fees:

- \$35 for first child, \$65 for two children, and \$25 for each additional child. The money will go toward the **Breckinridge County High School Soccer Team** for equipment, end of the year banquets, and other items.

### Contact Information

For more information, contact **Coach Rob Garrett**, at 270-756-3080 or e-mail [rob.garrett@breck.kyschools.us](mailto:rob.garrett@breck.kyschools.us)

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

## Camp Dates

- April 27 – Practice
- May 4, 11, 18, and 25 – Practice and 30 minute league game

Make checks payable to **BCHS Soccer**.

I am the parent of guardian of the named child who is a candidate to participate at the Breckinridge County High School Youth Soccer Camp. I hereby give my approval to the participation in any and all of the activities of the camp. I assume all risks and hazards to incidental to the conduct of the activities and transportation to and from the activities.

Camp Disclosure and Parental Release Form:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Forms can be dropped off at the high school or by mail. Mail completed registration form and payment to:

Breckinridge County High School  
Attn: Rob Garrett, BCBS Soccer  
PO Box 10  
Harned, KY 40144