



# **SUMMER CAMPS 2007**

## **High School & College Prep. Camp – 2 Locations**

TST's High School & College Prep. Camp will improve individual ability and prepare players for success in the upcoming season. Players will become fitter, improve their technical proficiency, and be challenged to demonstrate their newly learned skills and knowledge, in both functional training sessions and competitive small and large sided games. Coaches will provide progressive instruction in a positive and enthusiastic environment heightening each individual's total soccer training experience.

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**Location I:** *Walt Whitman High School, Bethesda*  
**Dates:** *July 30-August 3 & August 6-10*  
**Ages:** *High School and College Aged Players (Boys only)*  
**Time:** *9:00-12:00*  
**Fee:** *\$280 per player (10 day camp)  
\$265 before June 1*

**Location II:** *Samuel Ogle Recreation Park, Bowie*  
**Dates:** *August 6-10*  
**Ages:** *High School and College Aged Players (Boys and Girls)*  
**Time:** *5:30-8:30pm*  
**Fee:** *\$155 per player (5 day camp)  
\$140 before June 1*

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## **Development Camp**

TST's Development Camp is designed to develop young players skill, confidence, and passion for the game. The camp will emphasize learning and improving the art of dribbling past an opponent, scoring goals, accurate passing and movement, and good ball control. Small sided games and fun competitions will provide the basic camp format. Coaches will provide visual and verbal instruction in a positive and enthusiastic environment heightening each individual's soccer experience.

**Location:** *Samuel Ogle Recreation Park, Bowie*  
**Dates:** *August 13-17*  
**Ages:** *8-13 years (Boys and Girls)*  
**Time:** *9:00-12:00*  
**Fee:** *\$155 per player  
\$140 before June 1*

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*For more information contact:*

**TST Director**  
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(410) 627-6300  
totalsoc@aol.com

**Co-Director**  
Pat Noel  
(410) 562-0951  
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[www.totalsoccertraining.net](http://www.totalsoccertraining.net)

Please complete form and mail with check payable to:

**Total Soccer Training, LLC**

6248 Manchester Way  
Elkridge, MD 21075

PLAYER INFORMATION

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_ Age/Grade \_\_\_\_\_

Club/HS Team \_\_\_\_\_ Coach \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email Address(es) \_\_\_\_\_

T-shirt size (Please select one) YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Position (Please select one) Field Player \_\_\_\_\_ Goalkeeper \_\_\_\_\_

CAMP PAYMENT

\_\_\_ Walt Whitman High School Prep. Camp (\$100 deposit, \$280 full payment, \$265 before June 1)

\_\_\_ High School Prep. Camp, Samuel Ogle Park, Bowie (\$155 full payment, \$140 before June 1)

\_\_\_ Development Camp, Samuel Ogle Park, Bowie (\$155 full payment, \$140 before June 1)

LIABILITY RELEASE/WAIVER

In consideration of my child's participating in a soccer instructional camp conducted by Total Soccer Training, LLC & Noel Soccer Programs, LLC (the "Activity"), I, \_\_\_\_\_, as parent, and/or legal guardian for \_\_\_\_\_ and our heirs, administrators and executors, intending to be legally bound, hereby irrevocably waive and release all rights, all liability, and causes of action and claims for damage, cost or injury I and my child may have against Total Soccer Training, LLC & Noel Soccer Programs, LLC, its agents, employees, and its sponsors and organizers arising out of or in connection with my child's participation in the Activity.

MEDICAL CONSENT

I, on behalf of my child, hereby authorize the administering of basic first aid procedures as may be deemed necessary in the event my child is injured at or in connection with the Activity. In case of a major accident, injury, or illness requiring immediate medical or surgical care, I further authorize the medical personnel treating my child to act on my behalf, provided that they first make such diligent effort as the nature of emergency permits to notify me, or if I am unavailable, (name) \_\_\_\_\_ (relationship), \_\_\_\_\_, and (phone number) \_\_\_\_\_ whom I hereby also authorize to act on my behalf in such situation. A photocopy of this consent shall be as valid as the original.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Confirmation of enrollment will be sent out immediately along with more specific information regarding the camp. \*\* \_\_\_\_\_ Check if would like confirmation sent via email.*

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