



Warrior Soccer Camp



Who: All boys and girls 6th through 9th grade are welcome to attend (2024-25 school year)

When: Monday, June 24 – Thursday, June 27 from 8 am to 11 am

What: Join us for an unforgettable soccer experience at our summer camp! Perfect for players of all levels, our program is designed to ignite your passion for the game while sharpening your skills. The camp will be led by coaches Mike Bell and Scott Nielsen of the boys and girls soccer programs, with help from DV varsity soccer players.

Campers should wear clothing appropriate for the weather conditions, soccer footwear, and shinguards. Bring sneakers if we must move indoors. Campers should also bring a personal water bottle or drink(s) to stay hydrated throughout the day.

Where: Delaware Valley Warrior Stadium (Mon. - Wed.), DV front grass field (Thurs.)
In case of rain, please drop off and pick up the campers at the new high school gym entrance!

<i>Tentative schedule</i>	7:50	<i>Campers can begin to arrive at camp</i>
	8:00	<i>Camp warm-up and stretch</i>
	8:30	<i>Drill work in stations/Skill Games</i>
	9:15	<i>Skill Games</i>
	10:00	<i>Game Play</i>
	10:45	<i>Cool Down</i>
	11:00	<i>Campers are picked up at Warrior Stadium or the new high school gym entrance (weather permitting)</i>

Registration: Email Coach Bell at bellm@dvsd.org to reserve a spot. Fill out the registration form and bring it to Coach Bell or arrive on the first day of camp to complete registration. The cost is \$100 per camper. We will offer a discounted rate of \$75 for any additional siblings.

Please make all checks payable to Friends of Warrior Soccer. **Please contact Coach Bell ASAP!**

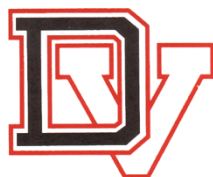
Registration Form

Camper's Name _____ 2024-2025 Grade _____

Address _____ City _____ State ___ Zip _____

Phone _____ Parent(s) names _____

Email _____ Shirt Size _____



Parent/Guardian Authorization

I hereby approve of my child's attendance to the Warrior Soccer Camp and certify that he is in good health and able to participate in the program. I authorize that the director act for me according to his best judgment in any emergency requiring medical attention. I understand, should an emergency condition arise, I will be contacted during the physical exam. If I am not available, I authorize you to contact:

Name of Physician _____

Phone # _____

Health Insurance Carrier _____

Policy # _____

Signature of Parent/Guardian Date _____