

# **GOFFSTOWN YOUTH SUMMER SOCCER CAMP**

**JULY 11<sup>TH</sup>-15<sup>TH</sup> U7-U9**

**8AM TO 12PM**

**\$90**

**JULY 18<sup>TH</sup>-22<sup>ND</sup> U10-U14**

**8AM TO 3PM**

**\$175**

***Location: Goffstown High School***

The Goffstown soccer camp will be providing its own unique teaching methods that will cover every aspect of the game. This will include improving skills, working hard, making new friends and having fun. Our mission is to provide athletes with the tools to improve and enjoy soccer.

## ***Highlights***

- \*Directed by Goffstown's Varsity head coach Randy Lovering
- \*Work with Goffstown High School's Varsity Soccer players
- \*Technical and tactical parts of the game
- \*Instruction for all levels
- \*Camp T-shirt
- \*Camp Soccer ball
- \*Post camp evaluation
- \*Daily video uploaded to watch online

***\*Bring cleats, shin guards, water, and lunch\****

Email questions to [rlovering@goffstown.k12.nh.us](mailto:rlovering@goffstown.k12.nh.us)

## REGISTRATION

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(Name of Camper)\_\_\_\_\_Age\_\_\_ 1/2 Day\_\_\_ Full Day\_\_\_\_\_

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

Address:\_\_\_\_\_

Emergency Contact Info: Name\_\_\_\_\_

Phone #:\_\_\_\_\_

Shirt Size \_youth\_\_\_\_\_ adlut\_\_\_\_\_

This sports program involves a high level of physical activity. Parents are expected to arrange for transportation to and from the program at the times specified. I give permission for my child to have his/her picture taken for the purpose of Goffstown P&R publicity in local media, Town website or advertisement. Yes\_\_\_\_No\_\_\_\_\_.

I/We the parent/guardian of the above named child hereby give my/our approval to participate in any and all camp activities on the given dates. I know that participation in soccer may result in serious injuries, and do hereby waive, release, absolve indemnity and agree to hold harmless the Goffstown Parks & Recreation Commission, Goffstown Parks & Recreation Department, Town of Goffstown, Volunteers, Goffstown Grizzlies Coaches and staff, and participants from any claim arising out of any injury to my child whether the results of negligence or any other cause.

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

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

***Please make checks payable to: Randy Lovering***

***Please mail/drop off registrations to:***

**Randy Lovering  
Goffstown High School  
27 Wallace Road  
Goffstown, NH 03045**