

# CAA SOCCER CAMP

9:00AM-12PM DAILY  
AUG. 10TH THRU 14TH



CAMP DIRECTOR: TIM DAUB

LOCATION: ST. TIMOTHY'S, 200 INGLESIDE AVE., 21228

**Ages:** 6-16 (Age as of August 1st, 2009)

**Cost:** \$90.00 per player (\$80.00 for each additional family member)

\$25.00 Per Player, Non-Refundable Deposit Due with Registration

**Registration Deadline August 1st**

Balance Due by August 10th

**Early Bird Fee:** \$15.00 per child (for the week) Arrival 8:00-8:45am

*Camp Includes: T-shirt, Awards, Camp Certificate, Friday Lunch*

*Equipment Needed: Players need to wear shin guards, bring a soccer ball and water bottle.*

**\*Development of Technique:** emphasis on practice habits, fundamental skills, time-on-ball training

**\*Development of Skill:** drills and games used to develop techniques under pressure

**\*Development of Strategy:** game situation training through team games

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## CAA Soccer Camp Registration "2009"

Mail or Drop Registration off to 2001A Frederick Road, Catonsville, 21228

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Day Phone# \_\_\_\_\_ Cell or evening# \_\_\_\_\_

Emergency Contact Other Than Parent: \_\_\_\_\_ Phone # \_\_\_\_\_

As a parent/guardian of the above player(s), I certify that he/she is in good health and has no physical, mental, or emotional problems likely to prevent participation in strenuous activity. I agree to release my child(ren) into CAA care and will not hold CAA liable for injury sustained while participating in soccer camp. I will disclose any limitations or medications in an attached note if necessary.

\_\_\_\_\_  
Parent/ Guardian Signature

Date Pmt. Rec'd \_\_\_\_\_ Deposit Amt. Rec'd \_\_\_\_\_ Final Balance Rec'd \_\_\_\_\_