

# WARD MELVILLE SOCCER SUMMER PREP CAMP



**Place:** Murphy Junior High  
**Dates:** August 12<sup>th</sup> – 16<sup>th</sup> (2019)

Save 10% with  
coupon code  
**SUMMER** for  
early  
registration  
discount.  
Expires April 30

**Ages:** players entering 4<sup>th</sup>-12<sup>th</sup> grade  
**Time:** 9:30 am – 1:30 pm  
**Cost:** \$250 (includes camp T-shirt)

To register and pay by credit card, please visit our website @ [www.wmsoccer.com](http://www.wmsoccer.com)

**Camp information:** In an effort to better prepare players of the Three Village School District for intramural, travel, junior high and high school soccer, the coaching staff will be running its annual summer prep camp.

**Players entering grades 4-12:** This session prepares boys and girls who are currently in the program for try-outs in late August and the upcoming fall season. Players trying out for junior high for the first time will have the opportunity to meet some of the players and coaches they will be working with for years to come. Players will work on all aspects of the game, such as, strength, fitness, skill work and tactics. One of our goals is to build a strong desire within each player that will continue to develop after camp ends. This desire will be stimulated through brief daily lectures, demonstrations, drills, and competition.

All applications must be in by 7/31/19. Send completed form and check made payable to:

**Beyond the Post**  
**61 Paige Lane**  
**Moriches, NY 11955**

For more information, directions or further details, visit our website or contact: Jon Stecker @

[jstecker@3villagesd.org](mailto:jstecker@3villagesd.org)



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_ Grade as of Sept.(2019) \_\_\_\_\_

Circle T-Shirt size:.....Youth: S M L .....Adult: S M L XL

Parent Signature \_\_\_\_\_

Parental consent form: My child is in good health and has my permission to participate in the above mentioned clinic. He/she has no previous illness or bodily injury which is adverse to participation in the sport of soccer. I do understand that soccer is a contact sport and that physical injury may occur during the course of the clinic. This consent form acknowledges my agreement to allow my child to be treated, if necessary, by a physician and or trainer while attending the above mentioned soccer clinic. I hereby accept responsibility for any and all costs related to medical and or dental treatment, over and above the amounts provided by medical and liability insurance coverage by Beyond the Post Inc. I hereby agree to hold harmless Beyond the Post Inc. and its representatives from damages resulting from loss and or injury during camp participation.

Office use:

Chk.# \_\_\_\_\_