

Viking Sports Camps

258 Harvard Street, #365
Brookline, MA 02446
www.vikingcamps.net•info@vikingcamps.net



Viking Brookline Soccer Academy 2010

For Spring, 2009 grades 3 - 6 Travel and Advanced Recreational Players

Sponsored by the Brookline Recreation Department

"This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health."

Viking soccer camps will be running a week-long soccer camp from August 9-13, 2010 (9.00am-3.00pm). Boys and girls will be at the same site but separated in different groups. Grades 3 and 4 will be grouped together and grades 5 and 6 will be grouped together. This camp will be an intense week of technical and tactical development for experienced players. The camp will run at Cypress Field and will give players the perfect opportunity to be together before their fall season.

VIKING SOCCER ACADEMY

At Viking Soccer Academy, players will learn how to put the basic but essential skills of: kicking, passing, trapping, dribbling, shooting and heading to good use in real game situations. Tactical instruction will emphasize how to attack and defend both individually and as a team, how to use space effectively, how to move off the ball, systems of play and more. Players will be taught the importance of playing together as a team, playing with their heads up, knowing when to pass and when to shoot. Although this camp is designed for serious soccer players who wish to learn and improve their game, we still intend fun to be an equally important goal.

LOCATIONS AND FACILITIES

The location for the camp will be Cypress Field, Cypress Street (in front of Brookline High School). On rain days we will use a gym at the High School or play outside in the event of light rain.

APPLICATION DEADLINE

Registrations will be accepted any time after 2/1/10 on a first come first served basis until camps are full. We expect these camps to fill quickly. Please note the early registration fee of \$245 if applying before May 19th and the fee of \$280 if applying after May 19th (if space still exists).

AGES

Spring 2010 grades 3 - 6 Travel and Advanced Recreational Players.

AN EXAMPLE OF A TYPICAL DAILY SCHEDULE

8.55-players arrive
9.00-group warm up
9.20-drills (individual skills)
11.00-snack
11.30-drills - tactical/team concepts
12.30-lunch, videos, lectures (time to relax)
1.30-drills and scrimmages
3.00-campers depart

COACHES

All coaches will be experienced, qualified coaches. The ratio of players to staff will be 10:1. The Head Coach will be Rob Sprague. Rob is the coaching director for the Brookline Soccer Club, Brookline high Girl's Varsity Coach, and an ODP Coach. He holds a USSF B license.

WHAT TO BRING TO CAMP

Players must bring shin-guards, cleats, sneakers, sunblock and their own ball to camp. Each player will receive a t-shirt on the first day of camp. All players should bring a light snack and a packed lunch to camp. Water will be provided, but players should bring their own water bottles.

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Viking Soccer Academy 2010 Application Form

HOW TO APPLY: CAMP COSTS, PAYMENTS, CANCELLATIONS, REQUIRED HEALTH RECORDS

- **Camp fee:** early registration fee of \$245 if applying before May 19th. Fee of \$280 if applying after May 19th (if space still exists).
- Complete the application and mail it with a \$45 non-refundable deposit or with full payment to Viking Soccer Camps, 258 Harvard Street, # 365, Brookline, MA 02446. You will receive a confirmation by mail or e-mail (please write your e-mail address clearly on the application). Any balances must be sent in by May 19th (please note that if your payment is not received by then you may lose your reserved space at camp and your non-refundable deposit) .
- No refunds will be made for withdrawal, failure to attend or incomplete attendance except for medical reasons (MD note required. Note that the non-refundable deposit of \$45 is non-refundable even for medical withdrawals).
- The Commonwealth of Massachusetts requires that every recreational camp shall maintain a health record for each camper detailing their health history, report of a current physical examination and certificate of immunization. **Health forms must be sent in with this application – applications received without health forms will be returned to sender!**
- E-mail info@vikingcamps.net with any questions.

Player's full name _____ Age _____ Sex _____

Height _____ Weight _____ Date of Birth _____ / _____ / _____

School _____ Grade (as of Fall 2009) _____

Full Address _____

City _____ State _____ Zip _____

E-mail (please write clearly, confirmations will be sent by e-mail) : _____

Parent(s) full name(s) _____

Tel # Home _____ Work _____ Cell/Other _____

Person to notify in emergency _____ Tel # _____

Player's health insurance company _____ Player's health insurance policy # _____

Player's doctors Name _____ Player's doctors Tel. # _____

Medical Concerns/Allergies of player (if None please write None) _____

Will your child bring an epipen, inhaler or other meds to camp (if No please write No; if yes, explain and contact us for additional forms) _____

I am applying for the following camp (circle one): Boy's camp Girl's camp

Current (Spring 2010) team name: _____

Parents or legal guardian must sign below before player is accepted to participate in the Viking Soccer Camps:

WAIVER / INDEMNIFICATION

As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in the Viking Sports Camps. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation at the Viking Sports Camps. I further agree to indemnify and hold harmless Viking Soccer Camp, Inc., its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation, of every kind and nature, at Viking Sports Camps.

In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified Viking Soccer Camp, Inc. staff member, emergency medical technician, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child.

Signature of parent(s) of legal guardian: _____ Date: _____