

YMS Summer Soccer Camps Registration Form 2010

Our goal at YMS is to use professional coaching methods to develop the individual techniques necessary to succeed in soccer. We will provide an environment that will enhance the enjoyment of the game, while developing skills. **YMS has a small player to instructor ratio to ensure that each child has a fun and productive week of soccer.** Our professional staff is involved in the coaching and drills on a daily basis. We have trained junior staffers who help with the sessions and to ensure quality and individual attention to each and every player. John Greaves is our Director of Soccer at YMS and holds a UEFA B license. He has over 35+ years of coaching experience. David Simpson is our Assistant Director of Soccer at YMS and holds a USSF A license and a NCSAA Premier Diploma.

WEEK 1 JUNE 21ST- JUNE 25TH M-F

6-13 YEARS 9 A M- 12 NOON \$140.00

4-5 years 10:30 am - 12 noon \$110.00

WEEK 2 JUNE 28TH M-F

6-13 YEARS 9 A M- 12 NOON \$110.00

4-5 years 10:30 am - 12 noon \$140.00

Please circle above your preference for week and time. You may attend both weeks if you wish. If you have multiple children, you need to fill out separate forms, however you can send all forms together in one envelope with one payment.

Player Name: _____ Street: _____ Town: _____
Zip: _____ Date of Birth: _____ PH: _____
Parent name/emergency phone: _____ email: _____

Shirt size: yl xl as am

Family insurance: _____ policy number: _____

Statement: I the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of YMS and EPYSA, its affiliated organization and sponsors. Recognizing that the possibility of physical injury associated with soccer and in consideration for YMS and EPYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify YMS, its officers, coaches, managers, referees, and EPYSA and affiliated organizations including the owners of the fields and facilities utilized for the soccer program I affirm the registrant is in sound health physical condition and that the child is covered by health insurance secured independently. Parent or guardian signature(if under 18 yrs)

Signature: _____

Date: ____/____/____(registration fee must be submitted with registration form). Please make checks payable to John Greaves: Print this form and send with your check to: John Greaves, Apt. 201 Yardley Commons, Yardley, PA 19067

** your canceled check is your receipt. You will not get a confirmation email. Please bring a water bottle, a ball, and an optional snack to the camp.

The Camp meets at the main pavilion at Macclesfield Park, 1000 River Road, Lower Makefield, PA 19067