

YMS SUMMER FUN CAMP FOR BOYS AND GIRLS June 2009

Highlights : 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 to ensure quality and individual attention to each and every player. **John Greaves** is our YMS Director of Soccer, holds a UEFA B License and has 35+ years coaching Professional clubs in England. **David Simpson** is our YMS Assistant Director of Soccer holds a USSF A License and a NCSAA Premier Diploma.

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**YMS SUMMER FUN SOCCER CAMP 2009 Application Form :**

**Circle one or both if you wish to go to both weeks**

**Fee Includes official YMS Camp Shirt . Space is limited \* bring water, snack(if desired), and a ball. Shin guards are required.**

**\*\*\*\* Location Maclesfield Turf Complex, 1000 River Road, Yardley, PA 19067 \*\*\*\***

**Session I**

**June 22nd –June 26th**

**Circle one: 10am-12noon (4 & 5 yrs) \$110.00 2 hours or 8:30am-12:30 (6-14 yr) \$140.00 4 hours**

**Session II**

**June 29th- July 3rd**

**Circle one: 10am-12noon (4 & 5 yrs) \$110.00 2 hours or 8:30am-12:30 (6-14 yr) \$140.00 4 hours**

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parents \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home

Phone \_\_\_\_\_ cell (emergency contact) \_\_\_\_\_ \*email: \_\_\_\_\_

Shirt Size (please circle) yl yxl as am

Family Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ **RELEASE**

**STATEMENT:***I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rule of YMS and EPYSA, its affiliated organization and sponsors. Recognizing 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)*

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

(Registration fee must be submitted with registration form) Please make check payable John Greaves

**Please Print and Mail this completed form and check to:**

**John Greaves Apt. 201, Yardley Commons , Yardley, PA 19067**

**PRINT A COPY OF THIS FORM TO SEND IN WITH YOUR CHECK.** Your cancelled check will be your receipt of payment. Thank you!

***\*Please provide a valid email address to receive updates,field locations and camp information!***

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