



Coach Tegean KVA Soccer Camp

Dates: June 18 – 22, 2018

Time: 8:30am - 12Noon (Drop off available at 8:00 am.)

Location: Kerr-Vance Academy, Soccer Field

Ages: Rising K5 through Rising 9th Graders

Cost: \$100

Checks made out to Kerr-Vance Academy

Camp Information

If you've never played soccer, or if you play every day, this is the camp for you. The important thing is to get started while you're young so that you won't miss a day of the fun that soccer can be. This is the place for all young players to receive great individual instruction from a proven winner.

Experience a week of camp which has as its mission to teach fundamentals of soccer through team competition, group instruction and individual attention.

Coach Tegean is a varsity coach and a KVA parent.

Participants are encouraged to have shin guards and their own soccer ball. This allows for personal drills and instruction.

SOCCER BALL SIZES (this is important)

Ages 5-7 ball size 3

Ages 8-11 ball size 4

Ages 12 and up ball size 5



Contact Information for questions and information:

Kerr-Vance Academy
252-492-0018
Email Alison Short

ashort@kerrvance.com

Camp Registration Form

Name: _____ Date of Birth: _____
Parents/Guardians: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone (Mom): _____ Work Phone (Dad): _____
Email: _____
Camper's Current School and Grade: _____

Medical Form

Name: _____ Date of Birth: _____
Family Doctor: _____ Office Phone: _____
A. Please note any health problem, physical handicap, emotional difficulty, behavioral problem, or facts which may limit full participation:

B. Camper is subject to:
asthma fainting sensitive skin sinus trouble bee stings/insect bites bronchitis
nosebleed allergies (describe) Headaches Nausea Heat Sensitivity
Other _____

C. Camper wears contact lenses: Yes No

D. Medications: List any medications your child is currently taking.

Name of medication(s): _____

Purpose of Medication: _____

In case of emergency, I hereby give permission to the physician selected by the Coach to provide necessary treatment for my child.

Parent/Guardian signature: _____

Date: _____