

Hillsboro High School Presents:



Player Developmental ID Soccer Camp

June 3rd-6th for Grades K-7.

All campers will receive a soccer ball and t-shirt



Over the last 10 years the growth of soccer in Jefferson County has almost doubled. The players are getting better but the training is still lagging behind. Parents and players are in need of a program that will bridge the gap between recreational soccer and the next level. Player development at the younger ages is paramount to future soccer success. Hillsboro Head Soccer Coach Chris Schacht and his staff have put together a summer program that will fill the void that is desperately needed in this area.

Hillsboro HS - Player Developmental ID Soccer Camp will identify these young athletes, grades K-6 and mold them into soccer players by focusing on each player's technical proficiency and a better understanding of tactical awareness through small sided game play. This will be a **Monday - Thursday** camp that will run **6:00-7:15pm** each evening. The Camp will be divided into two different training programs. The first half will be spent on the basic skills needed to play the game of soccer. The second half will focus on developing the daily technical skill learned and put that into a game situation. The technical skills covered throughout the week will be: **Touch/Dribbling, Passing/Receiving, Attacking/Defending and Striking/Finishing.**

SPACES ARE LIMITED – Sign up on or before the deadline date listed below to assure your spot.

PROGRAM DESCRIPTION: Player Developmental ID Soccer Camp **LOCATION:** Hillsboro HS – 123 Leon Hall Pkwy. – Hillsboro, MO. 63050.

DATES: Monday, June 3rd – Thursday, June 6th

TIMES: 6:00-7:15pm

CHILDREN AGES: K-6

COST: \$40 **REGISTRATION/Deadline:** Mail form and payment address below or drop off at HS Office/ Deadline to register – 5/16

Hillsboro HS Attn: Chris Schacht – 123 Leon Hall Pkwy. – Hillsboro, MO. 63050

PAYMENTS: Make checks payable to **Hillsboro R-3**

(YOU MUST mail in this completed flyer along with your payment to the Address Above on or before the deadline date 5/16)

----- (Cut here and return to the school office on or before the above deadline date) -----

Registration Form (PLEASE PRINT) – if you have more than one child please fill out multiple forms and return to school office on or before the deadline date.

Participant's Name _____ DOB: _____ Grade 2019-20 _____

T-Shirt Size (circle one) YS YM YL YXL AS AM AL AXL

Email (main contact) _____ Phone (main contact) _____

Parent's Name or legal guardian _____

Waiver: As the parent and/or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in this program. I recognize and acknowledge that there are certain risks involved in participating in this program. I agree to assume the full risk of any injury, including death, damage and/or loss regardless of severity which my child may sustain as a result of participating in any and all activities connected with this program. I hereby certify that my child is capable of participating in the above program and that my child is/are healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed under medical information. I fully agree to indemnify and hold, Hillsboro High School the facility, any and all its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and/or losses sustained by my child arising out of, connected with, or in any way associated with activities of this program.

Parent's Name or legal guardian signature _____

Any questions about this program contact Chris Schacht at Schacht_chris@hsdr3.org