



2018 LAPORTE HIGH SCHOOL SLICER SOCCER CAMP

Dates: **Monday June 18, 2018 through Thursday June 21, 2018**
 Times: 5:00pm to 6:30pm
 Location: Kesling Park – High School Practice Field (next to tennis courts)
 Campers: **Boys and Girls – K through 8**
 Cost: \$40.00 (Includes a camp T-shirt) \$30 each additional child in family
 Boy's Contact: Call Coach McCoy at 219-363-1447 - email: Patrick.McCoy.LPHS@gmail.com
 Girl's Contact: Call Coach White at 574-767-0919 - email: johnrwhite76@gmail.com

Camp is for boys and girls from Kindergarten through 8th grade. Campers should wear appropriate soccer clothing. Shin guards are recommended. Soccer shoes are preferred, but tennis shoes are acceptable. Water will be provided. Campers may also bring their own water or sports drinks.

High School coaches and players will be conducting a four day soccer camp. Campers will be grouped by age / ability and work in small groups with instructors. The objective of this camp is to introduce / expand the camper's knowledge of the "beautiful game" in a fun and educational environment.

Monday: Warm-up, Juggling, Dribbling, Shooting, Scrimmage, Skill Challenge
 Tuesday: Warm-up, Short Passing, Long Passing, Shooting, Scrimmage, Skill Challenge
 Wednesday: Warm-up, Possession, Attacking, Shooting, Scrimmage, Skill Challenge
 Thursday: Warm-up, Possession, Defending, Shooting, Scrimmage, Skill Challenge
 (Keep top portion for your records – return bottom portion)

LPHS Slicer Soccer Camp sign-up sheet – June 18-21, 2018 – Kesling Park 5:00 pm – 6:30 pm

Send payment and the lower portion of this form to:
Coach McCoy – LaPorte High School – 602 F. St. LaPorte IN 46350
Make Checks Payable to: LPHS Boys Soccer

Camper's Name: _____ Age: _____
 Address: _____ Grade: _____
 City: _____ State: ____ Zip: _____ School: _____

T-Shirt Size: YS:____ YM:____ YL:____ AS:____ AM:____ AL:____ AXL:____ AXXL:____
 As parent or legal guardian of above named camper, I agree to waive all liability of the LaPorte Sports Camps, LPHS Staff, and LaPorte School Corporation for any accident, injury, illness, or other mishaps which may befall the above named camper.

Parent / Guardian: _____
 Print Name Signature

Contact Email: _____ Phone Number: _____
 (will be used for camp business only: registration, news, cancellations)

If you were referred by a LPHS soccer player, put their name here: _____