

Medical Information

Medical Insurance Company Name & Policy No.

Daytime Time Phone Numbers

Father: _____

Mother: _____

In an emergency if parents cannot be reached
please notify:

Name _____

Relationship _____

Phone _____

Family Doctor _____

Phone _____

Known Allergies _____

Asthma _____

Diabetes _____

Contact Lens _____

Last Tetanus Shot or
Booster _____

List of Medications Currently Taking

I, the undersigned parent or guardian, do hereby authorized
the athletic trainer or coaches at the Phenoms Soccer Camp
to secure any and all medical treatment in the event that I
cannot be contacted. I further authorize any attending
physician to render any and all medical care which he or she
may deem necessary.

It is understood that, in any event an attempt will be made to
contact the parent before treatment is started.

I, the undersigned parent or guardian, also certifies that my
child is physically fit to attend the Phenoms Soccer Camp
and participate in all camp activities.

Parent or Guardian Signature Date

**Phenoms Soccer Camp
5 Brophy Drive
Ewing, NJ 08638**

PHENOMS

11th Annual Soccer Camp 2010



Aug 2-6 2010

**Boys and Girls
6-15 years of age**

**The Pennington School
Pennington, NJ
609-802-3352
www.phenomssoccer.com**

Camp Director - Everard Lewis

Everard has over 35 years experience in soccer with 20 years as a coach. He founded Phenoms Soccer in 1999. The strength of coach Everard is his ability to reach out to a broad spectrum of youths in the community. Over the years Everard has trained and coached several successful high level youth teams; Ewing Girls, Hopewell Valley, Lawrence Hamnett, German American kickers, Iberian Soccer Club and WWSA. Currently Everard is coaching at Next Level Soccer Academy.

Philosophy

The Phenoms Soccer Camp has one goal in mind, to create a positive atmosphere in which each player can learn soccer and develop the necessary skills to become an accomplished player. We have designed a proven portfolio of drills and exercise focusing on technical skills and ball mastery. Our challenging and creative coaching style creates a fun atmosphere where kids are excited to play and learn while not being afraid of making mistakes. Our experienced staff will provide personalized instruction in every phase of the game, with special emphasis placed on proper technique and skill. We are confident that each player will not only be challenged by our curriculum but have fun and develop lasting friendships with their fellow campers and the coaching staff.

Who can attend

Boys and girls 6-15 yrs. of age, accomplished player or beginners. Campers are grouped by age and ability.

Hours

Monday - Friday 9:00am-4:00pm. Pre-camp and after camp \$25.00 per day.

Facilities

The Pennington School
112 West Delaware Ave
Pennington, NJ 08534

Cost

\$300.00 per camper.
After July 20 deadline \$350.00

What Do I Bring

Have breakfast before camp and bring lunch for lunchtime break. Lunch will be available for purchase with advanced notice. Campers should have handy the following clothing and equipment:

- 1 pair of soccer shoes
- 1 pair of gym shoes
- 1 extra T-shirt
- 1 soccer ball
- 1 carrying bag
- 1 water jug
- sunscreen
- beach towel

All items should be clearly marked and labeled.

Enrollment Information

A \$150.00 (**non refundable**) initial deposit is required with the application and medical forms. Please make check payable to: Phenoms Soccer Camp.

Typical Daily Schedule

Begin	Activity
7:30	Pre-camp
9:00	Warm-up
9:30	Technical training
12:00	Lunch
1:00	Fun Time
2:00	Tactical training
2:30	Team Scrimmage
4:00pm	After camp/ pick-up

Camp Highlights: Outstanding Staff

USSA & FIFA licensed coaches

Campers Receive - Camp T-shirt

- **Low Coach to Camper Ratio**
- **Top Tri-State College Players**
- **Hot Meals available on request**

Registration Information

Camper's Name _____
Age _____ Date of Birth _____
Street _____
City _____
State _____ Zip _____
Home Phone _____
Parent's Name _____
Emergency Number _____
E Mail address _____
Camper's History Beginners Recreation
 Travel School

If Travel: Team Name _____

Circle Adult T-Shirt Size: S M L XL

Youth T-Shirt Size: S M L

Gender Male _____ Female _____

A \$150.00 (non-refundable) initial deposit is required with the application and medical form.

**Please make check payable to:
Phenoms Soccer Camp.**

Return to: **Phenoms Soccer Camp**
5 Brophy Drive,
Ewing, NJ 08638

Phone: **609-802-3352** Everard Lewis

WWW.PHENOMSSOCCER.COM

OFFICE USE ONLY

Deposit Received _____ Date _____

Balance Received _____ Date _____