

Soccer Camp August 3-7



2009

**Boys and Girls
Age 6-15 years**

The Pennington School
112 West Delaware Ave.
Pennington, New Jersey
609-802-3352
www.phenomssoccer.com

CampDirector - *Everard Lewis*

Everard Lewis has over 36 years experience in soccer with 17 years as a coach. He founded Phenoms Soccer in the fall of 1999 with Ewing Phenoms U-11 girls travel team. He was very instrumental in uplifting the standards of the Ewing Travel Teams. He has been credited by the teams for the rapid success they have experienced, from recreational soccer to competitive travel soccer. The strength of coach Everard is his ability to reach out to a broad spectrum of youths in the community. Phenoms Soccer is presently training (7) Mercer County premier travel soccer teams.

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. 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 years, accomplished players or beginners. Campers are grouped by age and ability.

CampHours

Monday-Friday 9:00a.m-4:00p.m. Pre-camp and after camp \$20.00 per day.

CampFacilities

The Pennington School
112 W Delaware Ave., Pennington, NJ 08534

CampCost

\$250.00 per camper.
After Deadline (July 20): \$300

RegistrationDeadline

July 20, 2008

What Do I Bring

Have a good 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:

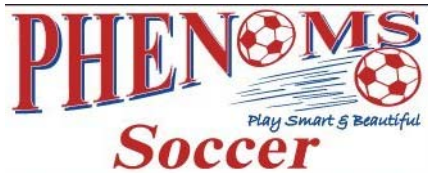
1 pair of Soccer shoes, 1 pair of gym shoes, an extra T-shirt, 1 carrying bag, 1 water jug, sunscreen and a beach towel. All items should be clearly marked and labeled.

Enrollment Information

A \$125.00 (**non refundable**) initial deposit is required with the application and medical forms. Please make check payable to: Phenoms Soccer Camp.

Begin	End	Activity
7:30	9:00	Pre-Camp
9:00	9:30	Warm-up
9:30	12:00	Technical training
12:00	1:00	Lunch
1:00	1:30	Fun Time
1:30	2:30	Tactical Training
2:30	4:00	Team scrimmages
4:00	5:30	After Camp

Camp Highlights
"Outstanding Staff"
 USSA & FIFA licensed coaches
 From Trinidad, Basil Derek Smith
 * All Campers Receive
 *T-shirt
 * Low coach to camper ratio/individualized instruction
 * Top college players from the Tri State Area
 * Hot meals available on request



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Registration Information

Camp Application

Camper's Name _____
 Age _____ Date of Birth _____
 Street _____
 City _____
 State, Zip _____
 Home Phone _____
 Parent's Name _____
 Emergency Number _____
 Camper's History Beginners Recreation
 Travel School
 If Travel: Team Name _____

Circle Adult T-Shirt Size: S M LXL
 Kids T-Shirt Size: S M L
 Gender Male _____ Female _____

A \$125.00 (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**
609-434-0084 Rod Ramsey
609-637-0317 Anthony Delpeche

OFFICE USE ONLY

Deposit Received _____ Date _____

Balance Received _____ Date _____

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