

St Ann Soccer Camp



together for a stronger training environment.

This session will focus on skill work under constant pressure. Small group functional and tactical progresses to team level training. Each player at this level will receive a written evaluation noting strong points and areas for improvement.

For all of our sessions, there will be at least one coach for every 12-15 kids.

Our coaches for this camp will consist of professional coaches from the University of Memphis, local competitive programs and current U of M players.

Goalkeeper Training. While our camp does not have a specific goalkeeping training session, we will have a professional goalkeeper that you can contact us about individual goalkeeper sessions.

Space is limited. Camp is filled on a “first-come, first-served” basis. No telephone or faxed applications will be accepted

Camp runs from July 18th to July 22nd from 8:30AM – Noon at St Ann Athletic Field.



About the Camp

Players will be divided up based on their age and skill level.

For the beginner soccer players, their session will introduce basic skills with an emphasis on fun and games.

For the advanced player that is trying to work their way into a competitive program, this session will consist of emphasizing basic skills with a strong emphasis on small sided games that will allow maximum participation and practice for each player.

Players will be taught exercises that can be used after the camp to provide even further skill development.

Players at the competitive level will be grouped

Dates: July 18 – 22

Location: St Ann Athletic Field

Deadline: July 6, 2011

Fee: \$100

For more information:

Sean West

Email: stannsoccer@yahoo.com

Phone: 901-490-4587

2011 St Ann Soccer Camp Application

General Information (Please Print)

Player's Name: _____ Male/Female (circle)

Birthdate: _____ Age at camp: _____ Grade (as of August 1st): _____

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

Parent/Guardian's Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Email: _____

Phone Number: _____

Soccer Ball: \$15 (circle) size 3 (under 8) size 4 (8-12) size 5 (12 and older)

Camp Fee: \$100 Make checks payable to St Ann Athletics

Mail check and form to:

St Ann Soccer Camp
2577 Jumper Lane
Bartlett, TN 38134

Applications will be accepted until camp is full.

For Office Use Only

Payment Received: _____ Date: _____ Check #: _____

Parental Consent

PARENT/GUARDIAN: In accordance with the rules of the St Ann Soccer Camp, I hereby give my consent for the aforementioned player to participate in the soccer camp and all related soccer camp activities. If at any time it is necessary for the aforementioned player to receive outside or professional medical attention, I hereby give my consent to the camp to secure services of the physical or medical facility selected and to secure transportation as deemed necessary.

I will not hold the camp responsible for any benefits beyond their camp medical insurance program and will secure adequate family insurance coverage if additional protection is desired.

Signature of Parent/Guardian: _____

Date: _____

Allergic Reactions (drugs, food, asthma...) No Yes

If Yes, please list: _____

Taking Medications? No Yes

If Yes, please list: _____

Father's Name: _____

Home/Cell #: _____

Mother's Name: _____

Home/Cell #: _____

Insurance Company: _____

Policy Number: _____