



Shattuck-St. Mary's Soccer 2018 Community Camps Extended, Mini Kick and High School Prep

July 23-27, 2018

Faribault Soccer Complex

Making soccer enjoyable is the most important goal in our community camps. Kids enjoy playing soccer and learning is best achieved through the use of numerous skill related games and activities that incorporate the ball. Small sided games of 3v3, 4v4 and 5v5 focus on refining individual skills and tactics within these games that are the basis for our teaching.



Players Receive
Academy Camp Shirt
Certificate of Participation
Skill Contest Assessments
Fun Theme Days and Contests
Daily Sabre Cup Games
Friday Party



Mini Kick

(ages 5 to 8)

6 p.m. - 7 p.m.

\$45

Extended Kick

(ages 9 to 13)

6 p.m. - 8 p.m.

\$75

High School Prep

(ages 14 and above)

6 p.m. - 8 p.m.

\$75

For more information contact:

Bob Moullin 507-333-1743 or
email: bob.moullin@s-sm.org



SHATTUCK-ST.MARY'S

1000 Shumway Avenue • P.O. Box 218
Faribault, Minnesota 55021 • 507-333-1500 • www.s-sm.org

2018 APPLICATION

(APPLICATION MAY BE PHOTO COPIED - PLEASE SUBMIT ONE FORM PER INDIVIDUAL)

Name _____ Gender: F M Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Parent's Name(s) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent Email Address _____ Player Email Address _____

Select Your Community Camp Program

- "Mini Kick" Camp - Ages 5-8 at 6:00 pm to 7:00 pm
Tuition: \$45
- "Extended Kick" Camp - Ages 9-13 at 6:00 to 8:00 pm
Tuition: \$75
- "High School Prep" Camp - Ages 14 and above at 6:00 to 8:00 pm
Tuition: \$75

Camp Shirt Size

Youth: Medium Large Adult: Small Medium Large X-Large

Payment Options

\$ _____ Total Amount Due

Payment: Check - Please indicate Check No. _____

MasterCard Visa Discover Card Number: _____

Name appearing on Card _____ Exp. Date _____

Security Code _____ Signature of Card Holder _____

PAYMENT IN FULL REQUIRED

I, as parent or guardian of the above mentioned child, authorize him/her to take part in the Shattuck-St. Mary's Soccer Summer Camp Program. I also authorize any emergency examination, x-ray, medical or surgical treatment deemed necessary by a licensed physician or hospital in Minnesota. I will not hold Shattuck-St. Mary's School, its coaches or staff responsible for accidents or injury that may occur while participating in any on or off campus activities

Signature _____ Date _____

REGISTRATION INFORMATION WILL BE SENT PRIOR TO YOUR WEEK OF CAMP
COMPLETE APPLICATION AND RETURN WITH PAYMENT TO:

SSM SOCCER CAMPS
1000 SHUMWAY AVENUE
P.O. BOX 218
FARIBAULT, MN 55021