

# Soccer Camp

A Soccer camp to help improve soccer skills such as ball handling, passing, defense, agility, and fitness and open to players of intermediate and advanced skill levels in 5<sup>th</sup> – 8<sup>th</sup> grade.

**Location: St. Anne Tomball  
1111 S Cherry Street  
Tomball, TX 77375**

## Large Group Camps \$100

**6:00 – 8:00 PM**

**June 26 – 29**

**July 10 – 13**

**July 31 – August 3**

**August 7 – 10**

## Individual Clinics \$50

**8:00 – 9:30 AM**

**Goalkeeper June 26 – 29**

**Ball Striking July 10-13**

**Goalkeeper July 31 – August 3**

**Ball Striking August 7 – 10**

**For more information, contact:**

Richard Longoria: [athleticdirector@stanneschool-tomball.org](mailto:athleticdirector@stanneschool-tomball.org)

**Complete form, sign, and bring to camp with you.  
Make check payable to Jason Wells**



### **Camper Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Grade entering when school starts \_\_\_\_\_  
City \_\_\_\_\_ Session Attending \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Allergies/Health Concerns \_\_\_\_\_

### **Parent/Guardian Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Home Phone \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_

The above named youth is physically fit to participate in soccer camp. I authorize the directors of the soccer camp to act for me according to their best judgment in an emergency requiring medical attention other than that maintained by the camp for which services I shall pay. St. Anne Tomball Catholic Church and School are not liable for any injuries or financial obligations due from injuries from camp.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_