



## 4<sup>TH</sup> ANNUAL

# MILFORD SPARTANS SOCCER CAMP

JULY 30<sup>TH</sup> - AUGUST 3<sup>RD</sup>, 6 - 8 PM

FOR STUDENTS ENTERING GRADES 5-8

NORTH RIVER ROAD (MCAA) SOCCER FIELDS

**Camp Director – Russ Matthews** ~ Russ has been coaching for over 15 years in recreational, and competitive leagues. He coached at the Milford Middle School and is currently coaching at Hampshire United Soccer Club and is the Milford Ladies Varsity Soccer coach.

**Camp Coaches/Counselors** ~ Russ Matthews (Varsity Girls Coach), Betsy Hansen (Varsity Girls Asst Coach) along with boys & girls high school players

**Camp Philosophy** ~ To teach players the individual skills and knowledge necessary to play at the next level with an emphasis on offensive and defensive footwork and technique. Instruction will be combined with small-sided games and various competitions to create a fun, yet structured atmosphere.

**Cost** ~ \$100 per person. Spaces are limited. Proceeds to benefit the MHS Ladies Soccer program.

### What to Wear/Bring ~

Sports style Shorts/T-Shirt

Soccer Cleats

Shin guards / Soccer Socks

Water bottle      Soccer ball (sz 4 or 5)

**\*\* NEW \*\***

Campers registered by  
deadline will receive a free  
MHS Spartans soccer camp  
tee shirt! All others, subject  
to availability!

# Milford Spartan Soccer Camp Application

To reserve a spot, complete following and send a **\$100.00 MADE PAYABLE TO MHS SOCCER PROGRAM** & mail to MHS Soccer c/o Russell Matthews, 18 Oakwood Circle, Milford, NH 03055 by **July 2<sup>nd</sup>, 2018**. Any application after July 2<sup>nd</sup> will be charged a \$10 late fee and camper may not receive a camp tee shirt. Openings will be available to the first 50 campers on a first come, first serve basis and may be available until the first day of camp. For more information, call or email Gina Matthews at 603-315-0302, [reginamatthews@msn.com](mailto:reginamatthews@msn.com).

**\*\*Campers must be entering grades 5-8 this fall\*\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emer. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Entering Grade: \_\_\_\_\_

T- Shirt Size (Circle One) - Youth - M L Adult- S M L XL

*Please enroll my son/daughter in your camp. I understand that the camp director or anyone involved in the soccer camp will not assume responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, in good health, and able to participate in the physical activity of a vigorous program. I hereby authorize the camp director to act for me according to their best judgment in any emergency requiring medical attention.*

Parent / Guardian Name(s) : \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_