



# SOCCER SKILLS CLINIC



## CHARLESTON CLASH HALF DAY SOCCER CAMP SERIES 2018

The Charleston Clash is happy to announce a soccer skills day camp for KVSL REGISTERED PLAYERS, ages U6 to Middle School. The camp will be under the direction of Charleston Clash trainers with assistance from players from the UC men's National Championship soccer team and U15 Clash players. Training will include learning new technical skills through fun activities and tactical skills through small sided play. We will also have a hydration station in place in case campers run out of water. And a free Clash Camp 2018 t-shirt. Please preregister so we know how many trainers to bring. We will try to keep the group size limited to around 10-1 player/trainer ratio. **YOU MUST BE KVSL REGISTERED TO ATTEND**

This camp will take place Sunday, April 15<sup>th</sup> from 1:30 to 5:30 pm at the Elk Center Soccer Fields. The cost per player will be is \$30.00. Register/Pay before April 8th to receive a \$5 discount off registration and an additional \$5 sibling discount.

Contact Joe Gregor at [JGregor0408@hotmail.com](mailto:JGregor0408@hotmail.com) or 304-767-0749

(Detach here)

Parent/Guardian \_\_\_\_\_

Day Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

I \_\_\_\_\_ as the parent/guardian of the player(s) listed above give my permission for said child to participate in the Charleston Clash Half Day Soccer Camp. I therefore accept all liability, which may occur as a responsibility of mine alone and do fully and completely absolve and release Charleston Clash & Elk River Soccer Association and all its coaches and trainers from any and all liability relative to any adverse medical event, which might occur as a result of participation by the child/children, listed above.

**Please eMail or Mail  
completed form to:**

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

\_\_\_\_\_  
Date

JGregor0408@hotmail.com

OR

Charleston Clash 03G  
44 Sunsetview Lane  
Sissonville, WV 25320

Payment via cash or check

Make check payable to: "**Charleston Clash 03G**"

A confirmation message will be sent to the email address

Or phone number that you provide above upon receipt.