

Hattiesburg Youth Soccer Association Soccer Camps 2008:

MISSION STATEMENT: To create a positive environment for all players to learn and improve the fundamental, technical and tactical skills of the game of soccer.

Where: William Carey University, Hattiesburg, MS

When: Day Camps Run Monday through Thursday and include a ball and T-shirt

JULY 21-24

Ages 5-9 Recreational Day Camp: 8:30am -11:00 am Cost: \$89

Ages 10 and Older Recreational Day Camp: 8-30 -11.30 & 12.30-2.30pm

(includes lunch on campus) Cost: \$130

Dear Parents:

We would like to take this opportunity to introduce you to the 2008 HYSA summer camp program. We are excited to have the opportunity to share our love of the game of soccer with your child. Our camp is designed to generate an outstanding soccer experience which will increase each camper's knowledge of the game using qualified coaches and instructors. Camp Director Nigel Boulton is the head men's coach of the successful William Carey University Crusaders the 2007 Gulf Coast Athletic Conference Champions. Coach Boulton holds the highest US Soccer coaching qualifications the National 'A' License and National Youth License and is an instructor on US Soccer national coaching courses. All staff coaches are trained and certified to coach youth players.

Contact Nigel Boulton at nboulton@wmcarey.edu



CAMP NUMBER _____ DATE _____

**HYSA SUMMER CAMP 2008
REGISTRATION FORM**

LAST: _____ FIRST _____ MIDDLE INITIAL _____

MALE OR FEMALE (PLEASE CIRCLE) AGE _____ POSITIONS PLAYED _____

EMAIL: (PRINT CAREFULLY) _____

NAME OF PARENTS OR GUARDIANS: _____

HOME ADDRESS: _____

STREET _____ CITY _____

STATE _____ ZIP _____

CONTACT PHONE: _____ EMERGENCY PHONE _____

SHIRT SIZE: YS YM YL AS AM AL AXL (PLEASE CIRCLE)

MEDICAL CONCERNS (I.E. ASTHMA, ALLERGIES, PREVIOUS INJURIES OR MEDICATIONS WE SHOULD KNOW ABOUT)

PARENT'S STATEMENT

In accordance with the rules of the Hattiesburg Youth Soccer Association Soccer Camp, I hereby give my consent for the camper listed below to participate in the activities of this camp, to include the specific sport activities and recreational activities conducted at the camp. The undersigned camper and parent/guardian understand that the camper will engage in physical activity during the program which contains an inherent risk of physical injury, and the undersigned assumes the risk, indemnities, and releases Hattiesburg Youth Soccer Association, William Carey University its officers, Directors, Agents, and Employees from any and all liability for personal injury arising out of the camper's participation in the camp program.. If, at any time, it is necessary for the camper to receive outside or professional medical attention, I hereby give my consent to the camp to secure the services and arrange transportation if deemed necessary. I am also aware that I will be responsible for all medical expenses resulting from sickness or any other non camp-related injury or illness. *Hattiesburg Youth Soccer Association does not discriminate on the basis of race, color, religion, national origin, sex, age, handicap/disability of veteran status.*

Parent or Guardian Parent or Guardian SIGNATURE

Insurance Company Name & Policy #

PAYMENT ENCLOSED (\$20 deposit is required; or make full payment)

Amount Enclosed _____ Check # _____ (Balance due first day of camp)

Please complete the registration form and mail the total amount/deposit to:

Nigel Boulton, Men's Soccer Coach

498, Tuscan Avenue, #145

Hattiesburg, MS 39401

601-318-6401