



Santa Margarita Soccer Camps

All camps are directed by Girls Head Coach Chuck Morales and Boys Head Coach Wade Fraser

PASSING ~ COLLECTING ~ DRIBBLING ~ ATTACKING ~ FAST FOOTWORK ~ DEFENDING ~ SHOOTING



GIRLS HIGH SCHOOL CAMP

June 21 - 24, 4:00 to 7:00pm, \$150
(Code GHS) Camp open to 7th graders and above

BOYS HIGH SCHOOL CAMP

June 21 - 23, 8:00-11:00 AM, \$150
(Code BHS) Camp open to 7th graders and above

GIRLS COLLEGE CLINIC

June 26 - 27, 9:00 to 5:00pm, \$265
(Code CC) Camp open to high school players



<p><u>Apr 5-7, 2010</u> Spring Break Camp Grades 1 thru 8 Our camps are fast paced and challenging for every level of player BOYS & GIRLS 8:00-11:00 AM \$125 (Code S), SMCHS Head Girls Coach Chuck Morales Head Boys Coach Wade Fraser</p>	<p><u>Jun 28 - Jul 1</u> FAST ATTACK Grades 1 thru 8 Camp are instructed in all fast attacking options utilizing faking moves BOYS & GIRLS 8:00-11:00 AM Incl Futsal ball & shirt \$150 (Code J28) Head Girls Coach Chuck Morales Head Boys Coach Wade Fraser</p>	<p><u>July 5 - 8</u> FAST FOOTWORK Grades 1 thru 8 Camp emphasizes agility and quickness of footwork with and without soccer ball BOYS & GIRLS 4:00-7:00 PM Incl ball & shirt \$150 (Code J12) Girls Head Coach Chuck Morales Boys Head Coach Wade Fraser</p>	<p><u>July 26 - 29</u> FAST FUTSAL Grades 1 thru 8 Futsal is played on flat hard surface with much emphasis on quick ball control BOYS & GIRLS 8:00-11:00 AM Incl Futsal ball & shirt \$150 (Code J26) Girls Head Coach Chuck Morales Boys Head Coach Wade Fraser</p>	<p><u>Aug 9 - 12</u> KICKOFF CAMP Grades 1 thru 8 Camp prepares players for fast paced entry into upcoming soccer season BOYS & GIRLS 8:00-11:00 AM Includes ball & shirt \$150 (Code KD) Girls Coach Chuck Morales Boys Head Coach Wade Fraser</p>
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CAMP APPLICATION

1st Player Name _____ Birthdate _____ Camp C code _____

2nd Player Name _____ Birthdate _____ Camp Co de _____

Parent Name _____ Home Phone _____

Address _____ City _____ Zip _____

T-Shirt AXL AL AM AS YL YM YS Email _____

I hereby permit the above named to participate in the above named camp. Should it be necessary for my child to receive medical treatment while participating in this activity, I hereby grant school personnel permission to use their judgment in obtaining medical treatment for my child. I give permission to the physician selected by school personnel to render medical treatment as deemed necessary by the physician. I understand that any insurance benefits in effect have limited application. We also allow pictures of camp participants to be used for future SMCHS Soccer camp publicity.

Parent Signature _____ Date _____

Checks payable to: SMCHS SOCCER, 22062 Antonio Parkway, Rancho Santa Margarita, CA 92688
attn Coach Chuck Morales CAMP INFORMATION LINE (949) 933-6156 www.santamargaritasoccer.org