

# 2019 Junior Soccer Camp Grades 1-6



## Session Date and Fees

**DATE:** Saturday, February 16, 2019

**TIMES:** 9:00 A.M. – Noon

**FEES:** -----\$ 25.00 per camper-----

Fee includes, camp instruction, snack and camp T-Shirt, picture with HS players & play time during half time of a high school varsity game. Camper's admission to game is free by wearing their camp shirt.

Boy's Game Day – Tuesday, Feb. 19

Girl's Game Day – Tuesday, Feb. 26

Feb. 16, 2019: Check In begins at 8:30A.M.

At Stingaree Stadium Field House

○ **Instruction provided by:**

**Texas City ISD  
Soccer Coaching Staff  
& Stingaree Soccer Players**

○ **Camp will be held at:  
Stingaree Stadium**

**(In case of bad weather, camp will be moved to TCHS gyms.)**

### **-Equipment Needed-**

*\*Each camper should wear a t-shirt, shorts, socks, shin guards & soccer cleats .*

### **- Fundamentals Camp -**

This camp is designed to help players develop and improve individual skills of soccer. Campers will receive instruction on offensive and defensive techniques from all positions. Campers will work on skills and implement those skills daily into game play.



### **Medical Policy:**

Each participant must have his or her own medical coverage. Minor accidents or illness will be treated on site, any major injury will be handled through EMS.

### Give or mail applications with fees to:

Stadium Ticket Office during regular office hours: Monday – Friday,  
8:00 a.m. – 4:00 p.m.

Address: TCHS Athletic Office  
1501 9<sup>th</sup> Ave North  
Texas City, TX 77590

Registration & Fee can be turned in ahead of time or on the day of the camp:

For additional information feel free to contact:  
Athletic Office: (409) 916-0090 / 0091 / 0092  
Or Shellie Summers at [tcstylist32@att.net](mailto:tcstylist32@att.net)

Applicants Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Positions played (if applicable): \_\_\_\_\_ (Circle One) T-Shirt Size: Youth: S M L Adult: S M L XL XXL

Emergency Name: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

I authorize the Directors of the Stings Soccer Camp to act for me according to their best judgment in an emergency requiring medical attention. Furthermore, I will not hold any of the Camp Workers or School District liable for any accident.

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

\*The subject matter of this literature is neither endorsed nor rejected by the TCISD and the opinions expressed are not necessarily those of the school district or its personnel.\*