

WHAT YOU NEED TO BRING WITH YOU TO CAMP EACH DAY:

- Soccer cleats and shin guards
- Water/Juice/Gatorade
- Healthy Snacks
- Your own properly inflated soccer ball (some additional balls available for those who forget)
- Sunscreen, Bug Spray

WHAT WE'LL BE DOING

romac5678@gmail.com

- 1v1, 2v2, 3v3 Attacking & Defending
- Dribbling; Passing & Receiving;
 Controlling Balls out of the Air;
 Shooting & Finishing
- Knockout; Poison Ball; Shield Steal; Thunder/Lightning;
- Team Tactics; 4 v 4 Tournaments;
 Team Scrimmages



We are excited to bring back our 6th annual soccer camp to you as we focus on skill and physical fitness development as players prepare for the upcoming season. Coached by Jeff Waldron (former NMRHS Boys Varsity Coach), Kristi Montolio (former NMRHS Girls Varsity Coach), and Masao Okano (current NMRHS girls assistant coach), players will have years of varsity coaching experience to learn from and will be exposed to a variety of competitive games and skill specific drills/activities. Players will also compete in a variety of tournaments and fun centered games! Prizes will be awarded!

All boys and girls in grades 8th-12th are welcome!!

* Girls and Boys Program will run from 9:00am-12:00pm

Program Cost: \$150.00

SCHOOL AND GRADE (FALL '25):

UNITED SOCCER CAMP

8th Grade & High School Soccer Camp!

@ TAYSA Fields (off Mason Rd, W. Townsend)

August 4th-7th, 2025 (Mon-Thu)

Topics we will cover:

Goalkeeping
Speed Training
Plyometrics
Multi-Touch Training
Dribbling Skills
First Touch & Receiving
Finishing

1 v 1, 2 v 2 and 3 v 3 Attacking & Defending Game Situations 4v4 TOURNAMENT!

PLAYER NAME:	
PARENT/GUARDIAN PHONE:	- Fach player will
PLAYER D.O.B.	Each player will receive a camp
PLAYER T-SHIRT SIZE (cannot guarantee):	t-shirt!!!!
PARENT/GUARDIAN EMAIL:	

APPLICATION DEADLINE: July 28th, 2025—we will take walk ins but we cannot promise a t-shirt!!

*Return this <u>application</u>, <u>medical release form</u>, <u>and a minimum \$50 non-refundable deposit</u> (check or Venmo) to secure your spot to: United Soccer Camp, P.O. Box 6, Dunstable, MA 01827. Checks can be made out to United Soccer Camp. Venmo is Jeffrey-Waldron-2. Thanks!!



We are excited to bring back our 6th annual soccer camp for ages 6-12 this summer! We focus on skill and physical fitness development as players prepare for the upcoming season. Coached by Jeff Waldron (former NMRHS Boys Varsity Coach), Kristi Montolio (former NMRHS Girls Varsity Coach), Masao Okano (current NMRHS girls assistant coach), players will have years of varsity level coaching experience to learn from and will be exposed to a variety of competitive games and skill specific drills/activities. Players will also compete in a variety of tournaments and fun centered games! Prizes will be awarded!

All boys and girls ages
6-12 are welcome!!

*Program will run from
9am-12pm daily

Program Cost: \$150.00

SCHOOL AND GRADE (FALL '25):

UNITED SOCCER CAMP

Ages 6-12 Soccer Camp!

@ TAYSA Fields (off Mason Rd, W. Townsend)

August 4th-7th, 2025 (Mon-Thu)

Topics we will cover:

Goalkeeping
Speed Training
Plyometrics
Multi-Touch Training
Dribbling Skills
First Touch & Receiving
Finishing

1 v 1, 2 v 2 and 3 v 3 Attacking & Defending Game Situations 4v4 TOURNAMENT!

PLAYER NAME:	
PARENT/GUARDIAN PHONE:	Each player will
PLAYER D.O.B.	receive a camp t-shirt!!!!
PLAYER T-SHIRT SIZE (cannot guarantee):	<u> </u>
PARENT/CHARDIAN EMAIL:	

APPLICATION DEADLINE: July 28th, 2025—we will take walk ins but we cannot promise a t-shirt!!

*Return this <u>application</u>, <u>medical release form</u>, <u>and a minimum \$50 non-refundable deposit</u> (check or Venmo) to secure your spot to: United Soccer Camp, P.O. Box 6, Dunstable, MA 01827. Checks can be made out to United Soccer Camp. Venmo is Jeffrey-Waldron-2. Thanks!!



UNITED SOCCER CAMP



ATHLETIC MEDICAL RELEASE WAIVER

Name:	
Mailing Address:	
City:	State: Zip:
	Date of Birth: Age:
Height:	School/Grade:
I HEREBY GRANT	ERMISSION TO THE ATTENDING PHYSICIAN AND HIS/HER STAFF IN CHARGE OF:
may be deemed nece	for anesthesia, medical, x-ray, and surgical procedures, as ary or advisable. I understand that in an emergency, wherever possible, an attempt will be made ne prior to the use of this permission.
INSURANCE:	NUMBER:
DOCTOR:	Phone Number:
SIGNED: Parent/Gi	Date:
In case of a medical eme give my permission to the The person enrolling in a person, including fatal in Soccer Camp, its owners which would typically be	ency, I understand every attempt will be made to contact the parents or guardians. If they cannot be reached, I hereby loaching staff of United Soccer Camp to hospitalize and secure medical treatment for my child when deemed necessary. Event at the United Soccer Camp, their parents / legal guardians assume all risk or loss of property or injury to the ries caused by or incidental to dangers associated with athletic activities and agree to hold Event coordinators of United demployees harmless and specifically agree not to make any claim against United Soccer Camp, for any of these injurients insidered to be a normal risk associated with participation in athletic activity.
EMERGENCY CO	TACT 1
Name:	Phone:
RELATIONSHIP:	
EMERGENCY CO	TACT 2
Name:	Phone:
RELATIONSHIP:	
****	******* ON THE BACK OF THIS SHEET ***********

Please list any additional information including known allergies that our coaching staff may need to know about your player.