

## WHEN:

June 17th - 20th Monday - Thursday 5:00 pm - 8:00 pm CHS Girls Practice Fields

Make-up Day June 21st (if needed)

## Cost: \$125 Girls Entering 4th - 9th grades

Early Bird Registration: \$110 on or before 3/31/2024

Final Registration: 5/31/2024 *Enrollment is limited to 60 players* 

The camp will be run by the CHS Girls Soccer coaching staff and players

For additional information please contact Chris Little cjl1816@gmail.com or 443-386-7078

*WHO/WHAT:* The Century High School Girls Soccer program will be hosting its first annual Summer Soccer Development Camp for students entering 4th - 9th grade.

**CENTURY GIRLS SOCCER PROGRAM:** has a winning tradition and remains competitive in County, Regional, and State play. It is our goal to help develop the next set of skilled, confident, and creative players. We aim to make the game fun to practice and play while also teaching good sportsmanship and respect for all in a safe & educational environment.

**FOCUS:** The focus of this camp is to help players develop and strengthen their fundamental soccer skills in a fun, structured, and competitive environment. We will focus on key elements of the game such as ball control and dribbling, attacking and defending in 1v1, 2v1, 2v2 and other situations, passing and moving the ball, shooting, small sided game drills, and specialized goalkeeping instruction

**LOCATION/GEAR:** The soccer camp will be held on the girls soccer practice fields behind the stadium. Players can wear normal outdoor soccer cleats but should bring tennis shoes as well. In case of rain we will transition to the gym inside of the school - Please bring water and wear shinguards.

## 2024 Century Girls Soccer Development Camp

6/17-6/20: \$125 (5:00pm-8:00pm) Early Registration \$110

Early Bird Registration Deadline: 3/31/2024 - Final Registration Deadline: 5/31/2024 - camp is limited to 60 players. Please Circle Size Shirt for Registered player - Shirt Size: Youth: S M L - Adult: S M L XL 2XL Please Note: No Full Refunds!

<b>Player Information:</b> Player Name:		Entering Grade/School:/
Parent Name:	Parent Email:	Phone:
Address:		Zip:
Alt. Emergency Contact, Name/Phone:		/
Insurance Waiver		
has my p	permission to attend the	e Century Girls Soccer Development camp listed above. I
acknowledge having insurance coverage, nor any members of the Camp staff or vo	and in the event of an blunteers responsible.	e Century Girls Soccer Development camp listed above. I accident will not hold the Carroll County School district
Parent/Guardian Name:		Parent/Guardian Signature:
Name of Insured:	Ins. Company:	
Policy #:	Group #:	
		c Boosters and send this form to:
	Century Hig	h School

Attn: Athletic Boosters C/O Girls Soccer Camp 355 Ronsdale Rd, Sykesville, MD 21784