



# Schedule

## Monday – Friday

Foot skills ~ Fundamental training ~  
Small Sided Games ~ Scrimmages

## In addition, on Friday

Pizza party and Closing Ceremony

# Location

Hampden Park Fields 1, 2 & 4 – near  
park pavilion.

# Players

- All players are to bring water bottles
- Must wear an appropriate T-shirt, shorts, soccer socks and shin guards
- T-shirts must be tucked into shorts & shin guards inside socks at all times
- Please wear camp T-shirts on last day

# Camp Program

- Each player will stay with their group for the whole camp
- Camp will run at its scheduled time Monday through Friday
- Program is designed for player development, fundamentals, and game skills
- Structure, organization & discipline will be the key
- The goal of the program is to develop soccer skills while maintaining the fun of playing soccer.

# Each Camper Receives

- Age Specific Soccer Ball
- Camp T-shirt & Certificate of Completion
- Professional Instruction & Structure
- Pizza Party on Friday
- Ticket to a City Islanders game

# Pricing

## Developmental Camp

Ages 7 & older: \$115 (9:00 AM–12 NOON)

Ages 4, 5 & 6: \$80 (6:00 PM – 8:00 PM)

# Coaches

Coaching will be supervised by professional soccer players from the City Islanders of Harrisburg.

# Sponsors

- Papa John's Pizza, Wesley Drive
- McNees, Wallace & Nurick
- Ritas Italian Ice of Lemoyne and New Cumberland
- Snickers
- Sun Motor Cars
- Zelenkofske Axelrod LLC
- Harrisburg City Islanders

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of HMMS Soccer, recognizing that the possibility exists for physical injury associated with soccer, and in consideration for HMMS Soccer. I hereby release, discharge and/or otherwise indemnify HMMS Soccer, their affiliated organizations, sponsors, their employees and associated personnel, and its coaches and the owners of the fields and facilities utilized for the soccer sessions, against any claim by or on the registrant's participation in the program. I further certify that my son/daughter has permission to participate and that he/she is covered by personal health/accident insurance. This is to certify that I / We, *(please print your name on the line below)*

\_\_\_\_\_, the parents or legal guardian of the person listed below, do constitute and appoint HMMS Soccer and their representatives the power to authorize and consent to the administration of any medical treatment deemed necessary by the attending physician to the below named minor.

Player's Name \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

Known Allergies \_\_\_\_\_

Preferred Physician-Dr. \_\_\_\_\_

Dr. Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number/Group Number \_\_\_\_\_

## **Person to contact in case of emergency.**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone # \_\_\_\_\_

Current Medications \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_  
Date \_\_\_\_\_

*Please attach separate sheet if more space is needed.*