

# BEES BOOSTERS SOCCER CAMP 2010

BEES BOOSTERS SOCCER CAMP will be directed by the Coaching Staff of Brecksville-Broadview Heights High School's successful Girls and Boys Programs. Coaches **Eric Lapsansky** and **Mike Battista** will create an environment which is fun, challenging and enjoyable for players that are ages 6 to 14. The camp will emphasize the development of skills, sportsmanship, and confidence through small-sided games, drills and exercises. Each participant will receive a camp t-shirt.



**August 2nd – 6th**

**9:00 am to 11:00**

**Location – Chippewa Elementary School**

Name \_\_\_\_\_ m or f

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact and Number \_\_\_\_\_

Email Address \_\_\_\_\_

Shirt Size \_\_\_\_\_ Camp Cost is \$75.00 (Second family member takes \$5.00 off)

Type of payment \_\_\_\_\_

Make checks payable to: Bees Soccer Boosters

Mail registration and Payment to:

Bees Soccer Camp

6270 Queens Way

Brecksville, Ohio 44141

Attn: Mike Battista

Email questions to [battistam@bbhcsd.org](mailto:battistam@bbhcsd.org) or [lapsanskye@bbhcsd.org](mailto:lapsanskye@bbhcsd.org)

I wish to enroll my child in the Soccer Camp and will abide by the rules and regulations of the camp. The Director or anyone else connected with the Soccer Camp will not be responsible for medical, dental or any expense incurred as the result of an accident. I hereby assume voluntarily any risk, accident or injury to my minor child as a result of participation in this program. Also, I grant the right to administer all medical services that may result in participation, including emergency referral if necessary.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_