# 19TH ANNUAL BRUIN SOCCER CAMP

## MAY 26TH THROUGH MAY 29TH, 2009

The Bruin Soccer Players and Coaches would like to extend an invitation to area girls and boys to attend our 19th Annual Bruin Soccer Camp. ***This year we will be moving our camp to the high school Custer Stadium field.*** (grass fields on the first day) There will be a $**45 fee** for this year's camp. Each camper will receive a camp T-shirt and 4 days of soccer instruction. All proceeds benefit the high school soccer program.

*(Financial Aid is available by contacting Coach Walsh or Coach Lipscomb.)*

**INSTRUCTORS:**

**Hosteen Walsh**
USSF 'D' Coaching License
State Goal Keeping Diploma

**Micah Lipscomb**
USSF 'C' Coaching License
State/Regional Goal Keeping Diploma

**Kasey Kesselhuth**
USSF 'D' Coaching License

**Aaron Kuntz**
USSF 'D' Coaching License
State/Regional Goal Keeping Diploma

**Phillip Gravley**
USSF 'D' Coaching License
State/Regional Goal Keeping Diploma

**CAMP CURRICULUM:** Technique Training, Basic Goalkeeping, Tactical Training (U10 and Up), Games

**5 AGE GROUPS (Boys & Girls) U-6 U-8 U-10 U-12 U-14**
***EMPHASIS OF THE CAMP WILL BE ON LEARNING AND HAVING FUN!!**

**CAMP INFORMATION:**
**WHEN:** May 26th through May 29th (Tuesday through Friday)
**WHERE:** Custer Stadium and or practice fields at BHS.
**TIME:** 8:30-11:00 (Coaches will be on site by 8 each day)

- **BRING BALL AND WATER!!!!!!!**
- There will be no refunds due to inclement weather.
- Forms will be available on the first day of camp for any late registrations.
- ***T-shirts are only guaranteed before May 15th; however, please contact us if you sign up late.***

---

Please fill out the information below and mail to **Hosteen Walsh, 6500 Baylor Dr. Bartlesville, OK 74006.** If you have any questions, please contact **Hosteen Walsh at (school) 333-4444, (cell) 766-1708** or **Micah Lipscomb at (918) 504-7024. You can also go on-line to** http://www.bruinsoccer.org/ **to download more applications.**

****Make all checks payable to Bruin SOCCER CAMP****
***** Please mail registration forms before May 15th*****

**Camper Name: _____ Club soccer age group U-_____ DOB___/___/_____**

**Parent/Guardian: _____ Home #: _____ Work #: _____**

**Emergency Contact: _____ Phone: _____ ☐ Male ☐ Female**

**Parent/Guardian E-mail: _____@_____, _____@_____,**

**Shirt Size (check one): YS ☐ YM☐ YL☐ AS☐ AM☐ AL☐ AXL☐**

I/we authorize, when necessary for protecting the health and well being of the above-named individual, permission for treatment at a competent and/or accredited facility. I/we further release The Bruin Coaches, The Bruin Camp Counselors, the Bartlesville School System, or the Washington County Soccer Club from any liability for damage and injury to the above-named individual and hereby accept full responsibility for all damages or injuries sustained as a result of participation in the Annual Bruin Soccer Camp.

_____

PARENT OR GUARDIAN (S) SIGNATURE DATE