

# 2022 STEINBRENNER WARRIOR SOCCER CAMP



## Youth Soccer Skills & Fundamental Camp

Come have fun with members from both the Varsity Boys and Girls Soccer Team! Learn the fundamentals of soccer with specific training on techniques and skills. Campers will be grouped so that all athletes will be challenged during all skills training and competition. We welcome all playing abilities.

\*\*\* If you are new to the sport, we will help you out!!!

\*\*\* If you are wanting to learn new skills, we have you covered!!!

\*\*\* If you just want to keep your skills sharp during the off season, this is the perfect camp for you!!!

### Camp Information

**Entering Ages: 5-13 Co-Ed (grouped by age and ability)**

**Camp Dates: June 27-30**

**Camp Times: 9:00am – 1:00pm**

**Cost: \$125.00 Registration (Includes T-shirt and evaluation)**

**Location: Steinbrenner High School**

**5575 W Lutz Lake Fern Rd**

**Tampa, FL 33558**

\*\*\*All campers should bring a bag lunch to camp. A small concession area will be open during the day with items for sale at nominal cost.

\*\*\* Each camper will receive an evaluation feedback form and a camp t-shirt to wear on their last day of camps.

**Upon receipt of the registration form below and payment, we will email Emergency Contact/Medical Forms and Consent Forms. All forms will need to be mailed back or brought to the first day of camp. There will be NO exceptions regarding paperwork.**

For questions, please contact Head Steinbrenner Soccer Coach, Shannon Aitken:  
**Shannon.aitken@hcps.net**

## **ALL CHECKS NEED TO BE MADE OUT TO SABC (STEINBRENNER ATHLETIC BOOSTER CLUB)**

Please neatly fill out and return to: Steinbrenner High School 5575 W. Lutz Lake Fern Rd. Lutz, FL. 33548

Attn: Shannon Aitken

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone numbers: #1: \_\_\_\_\_ phone #2: \_\_\_\_\_

Please circle a shirt size: Youth M    Youth L    Adult: S    Adult M    Adult L    Adult XL

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

Best email address (neatly written please) on the line below: this email address will be used to send the medical release form.

Email address: \_\_\_\_\_

\*\*\*\*\*Administrative Below\*\*\*\*\*

Date Received: \_\_\_\_\_ Payment type Check # \_\_\_\_\_ or Money Order \_\_\_\_\_

Cast \_\_\_\_\_ Received by: \_\_\_\_\_