

# Dixon Summer Soccer Camp

**For:** All students entering 2<sup>nd</sup>-8<sup>th</sup> Grade

**When:** Every Wednesday night in June.

(June 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup>, 26<sup>th</sup> )

**Where:** Reagan Middle School Fields

**Coaches:** Dixon High School Coaches and players

**Cost:** \$30 per camper (Please make checks out to "Dixon High School").

**Time:** 6:00 p.m. – 7:30 p.m.

**Contact Coach Brigl with any questions:** Email- [Josh.Brigl@gmail.com](mailto:Josh.Brigl@gmail.com) Cell- 815-973-4275

Campers will be training with members of the boys and girls varsity soccer teams. They will be working on fundamentals such as dribbling, passing, shooting, along with 1v1 defending & attacking, 3v3 games, scrimmages and more ball work. There will also be goalkeeping training available for those interested.

**Please turn in Waiver at first night of Camp. Please arrive 10-20 minutes early for sign up.**

**Bring a ball, soccer cleats, shin guards, and a water bottle. Please dress in athletic clothing.**

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**Name:** \_\_\_\_\_ Wants to be called \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade (2019-2020):** \_\_\_\_\_ **School:** \_\_\_\_\_

## WAIVER

I hereby authorize the directors of the "Dixon Soccer Camp" to act for me according to their judgment in any emergency requiring medical attention. I hereby submit that my child has seen a physician in the last year and that she is physically fit to participate in the basketball program. I hereby release Dixon Unit School District #170, including all camp directors, employees and their successors, assigns and legal representatives from all liability and all claims for personal injury, whether or not caused by negligence, while participating in this soccer program.

\_\_\_\_\_  
Parent/ Guardian Signature (required)

\_\_\_\_\_  
Date