

DEDHAM SUMMER SOCCER CAMP

Welcome to the Dedham Summer Soccer Camp where your son/daughter will learn the game of soccer from some of the top high school coaches in Eastern Massachusetts.

All phases of the game will be covered with a particular emphasis placed on fundamentals. Each player will play in a least one scrimmage per day.

The daily schedule will run from 5:30pm–8pm, Monday through Friday. In case of a rainout, a make-up date will be offered whenever possible.

CDC GUIDELINES WILL BE FOLLOWED

CAMP DIRECTOR

Sal Ledda– Dedham High School Boys Varsity Soccer Coach, Former President DYS, USSF C License, Founder of Dedham Summer Soccer Camp

STAFF

The Soccer Camp will feature a professional, caring staff. Each member of the Soccer staff is committed to providing each player with a safe, enjoyable soccer experience while learning the fundamentals of the game. Our entire staff is dedicated to teaching the values of teamwork, sportsmanship, and working to instill self-confidence in each and every player.

John Finn– Catholic Memorial School Varsity Soccer Coach, Vice President DYS, USSF D License, NSCAA National License

Don Savi- Dedham High School Girls Varsity Soccer Coach

Steve Conway – USSF B License, Boston Bolts Staff Coach.

Tuition And Registration

\$150 Per Player 1 Week

\$225 Per Player 2 Weeks

Non Dedham Residents

\$165 Per Player 1 Week

\$250 Per Player 2 Weeks

Venmo: @Dedham-SoccerCamp

OR

Make checks payable to:

Dedham Summer Soccer Camp

Mail payment and application to:

Sal Ledda
c/o Dedham Summer Soccer Camp
32 Harris Street, Apt 402
Dedham, MA 02026

Please register by 8/05/2022.

Prior year's clinic was a great success.

For further information, please call 617-281-0542.

spledda@hotmail.com

APPLICATION

Player Name: _____

Parent/ Guardian: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Grade in Sept. 2021: _____

Current School: _____

Date of Birth: _____

Amount Paid: _____

Email: _____

CHECK ONE OR TWO

____ Aug 8th -Aug 12th

____ Aug 15th—Aug 19th

MEDICAL FORM

Family Doctor: _____

Doctors Phone: _____

Name of Insurance Co.:

Policy Number: _____

Subscriber: _____

Please list any medications, allergies, and any other medical information the staff needs to know:

Emergency contact: (Name Phone)#

Immunization records must be sent along with registration. Proof of medical/accident insurance is required before attending the clinic.

Dedham Summer Soccer Camp Waiver

I hereby give my child permission to participate in the Dedham Summer Soccer Camp. . My child has had a recent physical examination and has been declared fit to participate in soccer by our family physician or other agency. I waive and release Dedham Coaches Soccer Clinic from claims arising from attendance at the clinic. In the event of injury, I would like my child to be attended to immediately. I hereby give permission to the Dedham Coaches Soccer Clinic Staff to act on my behalf until I can be contacted.

(Signature of parent/guardian)

Date

IMPORTANT INFORMATION

- Clinic check-in on the first day begins at 5 PM. All players must be accompanied by a parent or guardian.
- Each player must have a registration form and a signed waiver on file.
- All players should wear cleats, shin pads, and bring a ball, water, and bug spray.
- Frequent breaks for drinks will be provided.
- Please put the player’s name on any item that they bring to the clinic.
- If there is inclement weather, attempts will be made to makeup session.

“Great teams are made during the season; but great players are made during the off-season!”

**DEDHAM
SUMMER
SOCCER CAMP
2022**



**Coed Soccer Camp
Ages 8-18
Memorial Park
Dedham, MA
Aug 8th-Aug 12th
Aug 15th-Aug. 19th
5:30 pm- 8:00 pm**