



# DEDHAM SUMMER YOUTH SOCCER CAMP

August 7<sup>th</sup>-11<sup>th</sup>; August 14<sup>th</sup>-11<sup>th</sup>(circle one)

For Boys and Girls Ages 4-7 Lower Memorial, Eastern Ave

The Dedham Coaches Youth Soccer Camp welcomes your son/daughter to the game of soccer where they will learn fundamentals in a fun and challenging environment. By the end of the camp your child will have learned new life skills such as teamwork and sportsmanship, made new friends, and improved their soccer skills.

**Fee can be paid by Venmo: @Dedham-SoccerCamp**

(form still needs to be completed and mailed or emailed back)

- ✓ CLINIC HOURS ARE MON THRU FRIDAY, 9 AM - 12PM
- ✓ EXCELLENT STAFF LEAD BY JOHN FINN-FORMER HEAD COACH AT CATHOLIC MEMORIAL SCHOOL AND DYS COACH
- ✓ INSTRUCTION THROUGH SMALL SIDED GAMES
- ✓ CLINIC T-SHIRTS FOR ALL PLAYERS
- ✓ COST OF CLINIC: \$150 FOR 1 WEEK/\$250 FOR 2 WEEKS
- ✓ PLEASE REGISTER BY 8/1/2023

## DEDHAM SOCCER COACHES CAMP

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

Make Checks payable to:  
Dedham Summer Soccer camp  
Questions: Call 617-281-0542

## Dedham Summer Youth Soccer Camp, Barnes Memorial Field

Campers Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email \_\_\_\_\_

### Important information

- Clinic check in the first day begins at 8:30 am. All players must submit medical and waiver forms at that time.
- All players should wear cleats, shin guards, and a size 3 ball.
- Please apply ample sunscreen and bug spray before arriving to field, staff will assist with any additional applications.
- Players should bring 2 healthy snacks and plenty of water. No sharing of water or snacks will be allowed.
- Masks will be required, and all Covid Precautions will be followed (May Change with CDC/MA updates)

### Medical form

Family doctor: \_\_\_\_\_

Doctors phone #: \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Please list any medications, allergies, or 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 Coaches Soccer Youth 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 Summer Soccer Camp from claims arising from attending the clinic. In event of injury, I would like my child to be attended to immediately. I hereby give permission to the Dedham Coaches Youth Soccer staff to act on my behalf until I can be contacted.

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent/guardian)