

# Ranger Girls Soccer Camp

**Ranger Girls Soccer Camp** is designed to improve soccer techniques and tactics utilizing the Dutch coaching philosophy of learning soccer by playing soccer and being involved in activities relating to the game.

Coaches: Ranger Girls Soccer Camp will be directed by **Mark Wardeiner**, (Head coach of North High School girls, USSF National C license, USSF National Youth License), **Chris Bouffard**, (Assistant coach of North High School girls, NSCAA Advanced Regional Diploma and USSF National D license) and **Jennifer Bouffard**, (NSCAA Advanced Regional Diploma).

Age groups: All female players that will be attending 1st through 9th grades during fall of 2015.

**When: June 15th – June 19th**

**Time:**

6:00 p.m.-7:30 p.m.

**Cost:**

\$80 includes camp t-shirt.

**\*\*\* A portion of your camp fee will be earmarked for the Eastlake North Girls Soccer program\*\*\***

**Please make checks payable to AC Premier**

**Location: Andrews Osborne Academy 38588 Mentor Ave, Willoughby, OH 44094**

**Bring:** Water bottle, spikes, shin guards, and a ball.

Please mail form and checks to: **Please make checks payable to AC Premier**

Mail to: Mark Wardeiner  
5960 Silver Court  
Mentor OH 44060

\*Please contact Mark Wardeiner 440-669-9182 or wardeiner@ameritech.net with any questions.

.....staple check to bottom portion, tear off and mail in.....

Please print Player name \_\_\_\_\_

Please circle shirt size: Youth medium Youth large Adult small Adult medium Adult large Adult extra large

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Grade player will be attending in fall \_\_\_\_\_ Please circle soccer level of play: recreational travel premier

Please circle: male female

Emergency information:

Any known medical problems \_\_\_\_\_

Any known allergies \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

Medical insurance company and policy number: \_\_\_\_\_

Acknowledgment of risk: I agree that my child has been checked by a licensed physician prior to attending Ranger Girls Soccer Camp and is able to participate fully. I assume all risks resulting from the participation in all activities of Ranger Girls Soccer Camp. I agree to allow my child to be treated by a licensed trainer or physician while attending Ranger Girls Soccer Camp. I agree to hold harmless AC Premier Soccer Club, Andrews Osborne Academy and all of the employees of The Ranger Girls Soccer camp.

Signature of Parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ email: \_\_\_\_\_