



SOCCERFEST – Saturday April 9, 2016

Age groups: 4 – 6 years and 7 – 9 years

Clinic begins at 9:30 (please check in by 9:15). Players 4-6 will finish around 11:45 or 12:30. Ages 7-9 will finish around 12:15 or 1:00, depending on if their team is in the championship game.

Age group: 10 – 13 years

Clinic begins at 12:30 (please check in by 12:15). Players will finish around 4:15 or 5:15, depending on if their team is in the championship game.

YOUTH CLINIC AND TOURNAMENT

Early entry fee: \$10 if postmarked before March 30th and \$13 for later mailings or walk-ins. No refunds.

This Boys and Girls Day Clinic will focus solely on the fundamentals of the game through creative teaching exercises and games that will keep the players interested and having fun. This clinic will provide players the opportunity to develop a solid foundation that will help them at every level of the game. Goalkeepers will receive individual training. Each camper must have shin guards, cleats or tennis shoes, and a water bottle. Limited concessions will be available.

TOURNAMENT – The tournament portion of the day will be held after the clinic for each age group. Players will be placed on a team in their age group. Youth Soccer Leaders will have input into ability levels of players to make teams as even as possible (no guarantees). Participants are guaranteed at least two games. Individuals on first- and second-place teams will receive medals.

Coach Mark Sprouse – is in his 15th season this year as the Head Coach for the Lady Catamounts. The Women’s Soccer team has had nine straight winning seasons under the direction of Coach Sprouse. He has also coached soccer at the ODP and high school levels.

Dr. Ray Kiddy- is in his 37th season of coaching soccer at the collegiate or high school level. He will begin his 6th season as the head coach of the Men’s Soccer team this fall. Coach Kiddy holds a National Soccer Coaching License (NSCAA).

POTOMAC STATE SOCCER YOUTH CLINIC AND SOCCER TOURNAMENT REGISTRAION FORM:

Name: _____ Age: _____ (as of 4/9/16) Sex: M F (Circle one)
Address _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Emergency Contact: _____ Cell Phone: _____

I certify that my child is medically qualified to attend soccer camp. I hereby authorize the directors of the Potomac State Soccer Camp to act for me in accordance with their best judgment in an emergency situation requiring medical attention. I hereby waive and release the Potomac State Soccer Camp, its employees and staff from all liability for injury and illness incurred while my child is at Potomac State

Signature of Parent/Guardian

Date

Family Insurance Company

Policy Number

PLEASE RETURN THIS FORM AND PAYMENT TO: Potomac State College, Attn: Soccer, 101 Fort Avenue, Keyser, WV 26726