

# UNDER THE LIGHTS SOCCER CAMP



**MERCYHURST  
PREPARATORY SCHOOL**

**MERCYHURST  
UNIVERSITY**

**WHEN:**

June 15 to 19, 2015

**WHERE:**

Mercyhurst University - Tullio Field

**TIME:**

Monday, Tuesday, and Thursday: 5:00 PM – 8:00 PM  
Wednesday and Friday: 6:00 PM – 9:00 PM

**FOR:**

Boys and Girls, 7-18 years old.  
Participants will be divided into age groups for instruction.

**EQUIPMENT:**

Soccer cleats (molded) or turf shoes required. Shin guards are mandatory. Bring own soccer ball - must be labeled and inflated. Water bottles permitted – please label.

**BACKGROUND:**

The 1st annual **UNDER THE LIGHTS SOCCER CAMP**, sponsored by Mercyhurst Preparatory School and Mercyhurst University, is a three or five day evening soccer camp designed to cover all aspects of soccer including foot skills, passing, dribbling, shooting, and offensive and defensive awareness.

**STAFF:**

Participants will receive top instruction from current Mercyhurst Prep and Mercyhurst University coaches and players.

**FEE:**

3 Day Camp (Monday-Tuesday-Wednesday)	\$80.00 no later than June 1, 2015*
5 Day Camp (Monday - Friday)	\$130.00 no later than June 1, 2015*

\*guaranteed a camp T-shirt

Late registration: You may register the day of the camp without a guarantee of receiving a camp T-shirt.

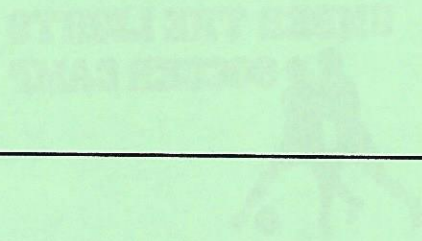
T-Shirt sizes available: YS – YM – YL – AS – AM – AL – AXL – AXXL

Make checks payable to **MERCYHURST UNIVERSITY**. Cash payment accepted as well.

**Send payment and registration to:**

Michael Romeo  
UTL/MPS Soccer Camp Registrar  
926 West 33<sup>rd</sup> Street  
Erie, PA 16508

QUESTIONS? CONTACT US AT [utlmpssoccercamp@gmail.com](mailto:utlmpssoccercamp@gmail.com)



**Registration Form – Please Print**

\_\_\_\_\_  
Last Name First Name Email

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Phone # Emergency Name & Phone # Physician's Name & Phone #

Physical conditions that the camp coaches and a physician should be aware of (allergies, etc.):

\_\_\_\_\_  
\_\_\_\_\_

In the event that I am unavailable for the purpose of providing parental consent, I hereby authorize the physician(s) and staff at the local hospital to provide such care that routine diagnostic procedures and medical treatment as necessary to my minor son / daughter. I understand the authorization herein granted does not include major surgical procedures and is only valid during camp.

This camp does not provide medical insurance for campers. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used. Parents will be billed directly for any medical care given. Mercyhurst Prep, Mercyhurst University and the coaches involved with the camp shall not be liable in the event of any injury suffered during the duration of the camp. There will be a trainer available during camp hours if needed.

Campers are expected to behave as guests. While this camp is meant to be fun, campers are paying money to learn more about the game of soccer. It isn't fair for one camper's behavior to deny another's opportunity to learn. Misbehavior will result in the camper being asked to leave the camp.

\_\_\_\_\_  
**Parent / Guardian's Signature** **Date**

**T-Shirt Size (indicate youth or adult):** \_\_\_\_\_

**Thank you for your interest in our camp. Help us get to know you. Tell us about yourself.**

Circle your grade for this coming fall 2015: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

School you will be attending this fall: \_\_\_\_\_

How long have you played soccer? \_\_\_\_\_ What position(s) do you play? \_\_\_\_\_

Which school, club, and/or travel team do you play for? \_\_\_\_\_

Official Use: <input type="checkbox"/> MR <input type="checkbox"/> NV <input type="checkbox"/> TEAM <input type="checkbox"/> SPLIT	Received _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/>
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