

ROANOKE VALLEY YOUTH SOCCER ASSOCIATION

2018 - RVYSA SUMMER SOCCER CAMPS

Fun • Learning • Friendship

Recommended ages: 7 – 15. Signup for one or both camps.

Dates: Monday, July 23 – Friday, July 27, 2018

Monday, July 30 – Friday, August 3, 2018

Focus of the camp will be on skills, tactics and small sided games. *Most of all: Camp is FUN, where LEARNING takes place, and FRIENDSHIPS grow.* This training will enhance PLAYER development over the coming years.

Camp Staff: Bob Sokolinsky - USSF "A"; US Youth National Youth; NSCAA National; NSCAA All-American; Virginia Youth Soccer Hall of Fame
Chuck LaPorte - 30 years as high school [VA State Champions 2015] and summer camp coach and director
Joe Martin – Graduate Goalkeeper, Ferrum College"
Kim Young – Graduate, Chowan University; and others

Roanoke Valley Youth Soccer Association experienced a very good year [2017-2018]. The Recreation program was very solid with many competitive matches. The End of Season Tournament is gearing up to be very exciting.

The Travel Program was strong.

18U Girls RAGE had another great fall season in the Classic Division

14U Boys FURY were undefeated last fall and are having a great spring season.

12U Boys SIDEKICKS have been very competitive in the classic league.

SOCCKER

"THE GAME FOR ALL KIDS"

Please direct questions to:

Bob Sokolinsky

252-586-5341

bobsokolinsky@gmail.com

FOR OFFICIAL USE ONLY : Fees Pd; _____ Age a/o 1/1/2017 _____ B/G _____		
Birth Cert: _____ Med Waiver: _____ Volunteer: _____ Name: _____		
Team Name: _____ Shirt size: _____ Color: _____		

Po Box 146, Roanoke Rapids, NC 27870

Summer Soccer Camps – Registration

Anticipate a lot of fun at RVYSA Summer Soccer Camps. Staff will work with campers to improve the ‘Pillars of Their Game’ IN A FUN ENVIRONMENT!

Camp will provide coaches from out of the area – bringing new thoughts and ideas to RVYSA. As of now, the staff will consist of Camp Director, Bob Sokolinsky USSF “A”, NSCAA All-American, Virginia Soccer Hall of Fame. Chuck LaPorte 35 years of HS and Camp Coaching/Administration [VA HS State Champs – 2015], Joe Martin Graduate Goalkeeper - Ferrum College, Kim Young Graduate - Chowan University, and others.

Two camp sessions will be held the last week of July and the first week of August [M-F] at Chockoyotte Park - Main Field [left of the parking lot]. Chockoyotte Park is located behind Walmart & off of Chockoyotte St.

Mark your camp selection:

<u>WEEK 1</u> :	_____	[MON-FRI]	[5-8 PM]	JULY 23 -27, 2018
<u>WEEK 2</u> :	_____	[MON-FRI]	[5-8 PM]	JULY 30 – AUGUST 3, 2018

PLEASE SUBMIT THE CAMP REGISTRATION MATERIAL NLT: July 10, 2018

Camper’s Information:

Fname _____ Lname _____ **COUNTRY OF BIRTH** _____
 Date of Birth: _____ Age as of 1/1/2018 _____ Registered w/RVYSA ___Y/N Yrs of Experience _____ Shirt Size _____
 Full Home Address: _____

Camp fees.

*One week of camp \$75; Two weeks of camp – 2nd week: \$60 each
 2 or more campers from same family - \$65 each; Two weeks of camp – 2nd week: \$50 each*

Write check or MO payable to RVYSA. Submit Application and Payment to RVYSA, PO Box 146, Roanoke Rapids, NC 27870.

Parents’ Information:

Mother: _____ Cell _____ Home _____
 Email Address: _____
 Full Home Address: _____
Father: _____ Cell _____ Home _____
 Email Address: _____
 Full Home Address: _____

**Over 3,000,000 play soccer under the
 US Youth Soccer Banner**

NORTH CAROLINA Medical Consent/Waiver of Liability and Release

(Given to RVYSA in concert with registration form - Complete in FULL)

NCYSA
PO Box 18229
Greensboro, NC 27419
336-856-7529

RVYSA
PO Box 146
Roanoke Rapids, NC 27870
252-586-5341

NCYSA Policy # _____ Excell policy to any
valid and collectible Insurance. If there is no primary
Insurance on a player, this policy is primary after the deductible.

Player First Name

Middle

Last

Birth Date MM/DD/YY [____ - ____ - ____] Male Female

Address of Player

City

State

ZIP

Parent/Legal Guardian Full Name

[H] Phone

{W} Phone

{C} Phone

Additional Person to Contact in an Emergency

Address

[H] Phone

[C] Phone

Date of Last Tetanus Shot

Medications now being taken

Player is Allergic to these Medications and Substances

List any Unusual Health Information

Parent's Email for Soccer Information

I (we) the undersigned, residing in the county of _____ state of _____, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Assn.

I (we), agree that we and the Registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYSA, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against and claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Program with the above Team specifically to include any and all claims for personal injuries sustained while present or Sponsored by or in conjunction with the programs.

In addition, I (we) do hereby authorize anyone of the designated adults on the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure., treatment, and/or hospital care, to be rendered to the Registrant under the general or special n the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance information:

Insurance Company: _____

ID: Number

Confirmation Number

Parent Signature

Date