

# ROANOKE VALLEY YOUTH SOCCER ASSOCIATION

## RVYSA SUMMER SOCCER CAMPS

2017

Fun      Learn      Friendship

RVYSA SUMMER SOCCER CAMP. REGISTER NOW! DO NOT MISS OUT!

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

July 24 – 28, 2017

July 31 – August 4, 2017

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 [2016-2017]. The Recreation program was very solid with many competitive matches. The End of Season Tournament was exciting. The Travel Program was strong.

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

14U Boys FURY had its first winning season this spring while outscoring their opponents.

11U Boys SIDEKICKS were very strong in their first year of competitive ball. Their growth was apparent.

***SOCCKER***

***“THE GAME FOR ALL KIDS”***

Please direct questions to:

Bob Sokolinsky, 252-586-5341

[bobsokolinsky@gmail.com](mailto:bobsokolinsky@gmail.com)

<b>FOR OFFICIAL USE ONLY:</b> 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 coached 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 ].. Chockoyotte Park - Main Field [left of the parking lot.] Park is located behind Walmart & off Chockoyotte St..

Mark your camp selection:

<u>WEEK 1:</u> _____	[MON-FRI]	[5-8 PM]	JULY 24 -28, 2017
<u>WEEK 2:</u> _____	[MON-FRI]	[5-8 PM]	JULY 31 – AUGUST 4, 2017

**PLEASE SUBMIT THE CAMP REGISTRATION MATERIAL NLT: July 10, 2017**

**Camper’s Information:**

Fname \_\_\_\_\_ Lname \_\_\_\_\_ DOB \_\_\_\_\_ Age as of Jan 1, 2017 \_\_\_\_\_  
 Registered w/RVYSA \_\_\_\_\_ Y/N \_\_\_\_\_ Yrs of Experience \_\_\_\_\_ Position \_\_\_\_\_ Shirt Size \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**Camp fees.**

*One week of camp \$75; Two weeks of camp – 2<sup>nd</sup> week: \$60  
 2<sup>nd</sup> or more campers from same family - \$65.*

**Write check or MO payable to RVYSA. Submit to RVYSA, PO Box 146, Roanoke Rapics, NC 27870**

**Parents’ Information.**

Mother: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_  
 Father: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 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.

\_\_\_\_\_  
**Roanoke Valley Youth Soccer Association**

\_\_\_\_\_  
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