

ABOUT OUR COACHES

COACHES ARE SCFC
LICENSED PROFESSIONAL
COACHING STAFF, LOCAL
HIGH SCHOOL COACHES,
AND COLLEGE PLAYERS



SCFC Soccer Camp Philosophy

SCFC camp strives to help each player achieve their soccer goals in a fun and encouraging environment.

Curriculum

Ball Mastery, footskills, dribbling, fakes and feints.

Passing, receiving, attacking and defensive strategies.

Shooting, free kicks, corners, near/far post runs, heading.

Skills are incorporated into fun activities and game situations that are age and level appropriate.



WHERE KIDS
EXCEL

SPACE CITY FC SOCCER CAMPS



www.spacecityfc.org

281-724-9915

CAMP DATES:

Session 1: June 14-17 6-8 pm

Early reg postmarked by June 4 to guarantee t-shirt.

Session 2: July 26-29 6-8 pm

Early reg postmarked by July 16 to guarantee t-shirt.

LOCATION:

Both camps are located at the League City Sportsplex which is at I-45 and League City Parkway (FM 96).

1251 Highway 96, League City

AGES: 4-14

Campers are grouped by age and ability.

What to bring to camp

- Soccer Ball
- Cleats
- Shinguards
- Water

Cost of Camp:

\$100 before early registration deadline.
 \$110 after early registration date and for walk-up registration.
 Register by early reg date to guarantee t-shirt.

Discount of \$10 for each sibling.
 Discount of \$10 for multiple camps.

**Mail registration to:
 SCFC c/o Stephanie Middlebrooks
 2228 Golden Sails Drive
 League City, Texas 77573**

Make check payable to: SCFC
 (\$25.00 fee for returned check)



**SUMMER SESSION
REGISTRATION FORM**



Camper's Name _____ Age _____ Gender _____

Home Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____ Cell Phone _____

Grade (in Fall 2010) _____

Email: _____

- T-shirt Size:
- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Youth SM | <input type="checkbox"/> Adult SM |
| <input type="checkbox"/> Youth MED | <input type="checkbox"/> Adult MED |
| <input type="checkbox"/> Youth LG | <input type="checkbox"/> Adult LG |
| <input type="checkbox"/> Youth XL | <input type="checkbox"/> Adult XL |

Emergency Notification:

Name _____ Phone Number _____

- Session 1- June 14-17 6-8 pm
- Session 2- July 26-29 6-8 pm

I hereby authorize the staff of SCFC Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the camp, club, and its staff from any and all liability for injuries or illnesses incurred while at camp.

Parent/Guardian's Signature _____ Date _____