



SOCCER CAMPS

June 24-28

Vanderbilt Catholic is excited to host youth soccer camps in the summer of 2019. Coach Paul Shenton, current VCHS Head Boy's Coach, and the boys varsity soccer team are hosting camps suitable for male and female soccer players aged from 4-14.



Camp dates available this summer:
June 24-28 - 9 a.m.-12 p.m.

Camp is held at Vanderbilt Catholic High School > 209 S Hollywood Rd, Houma, 70360
Both camps will run from 9 a.m.-12 p.m. daily.

REGISTERING

Booking your child is on a first come, first served basis as places are limited. Once a camp is full, no more bookings can be accepted. All campers will receive a free t-shirt. Please complete the information on the reverse side of this flyer and return to the address stated as soon as possible to guarantee your child's place.

WHAT TO BRING?

Please bring your child to the school locker rooms by 8:30 a.m. daily with a bag packed with shinguards, suitable indoor & outdoor footwear, an initialed soccer ball, a packed lunch, a baseball cap, spray sun block, and a screw top drink bottle as water refills will be available throughout the day.

CAMP BREAKDOWN

The camp has its own curriculum, designed to suit and challenge each particular age group. Each day will cover a set topic and will follow a progressive plan throughout that day. Each planned session will last between 15-25 minutes depending on the age of the participants.

MORE INFO pshenton@htdiocese.org
(985) 233-9408



HEAD COACH PAUL SHENTON

COACHING EXPERIENCE AND QUALIFICATIONS

Current Vanderbilt Catholic Boys Head Coach & St. Charles Soccer Club Director of Coaching

Former Louisiana Soccer Association ODP Staff Coach & Nicholls State University Assistant Coach

- BA (Hons) Coaching & Sport Development • UEFA B License • NSCAA Premier Diploma • NSCAA National Goalkeeper Diploma
- National Youth License • Coerver Coaching Diploma • NSCAA Director of Coaching Diploma • Certified Fitness Instructor in the UK • FA Child Protection and Emergency Aid Certificates

PLAYING EXPERIENCE

Manchester Metropolitan University Cheshire, Dudley Town Football Club, Dudley College of Technology, Walsall Football Club Academy, The High Arcal High School

PARTICIPANT INFORMATION:

Please mail your check (Payable to Vandebilt Catholic) and this completed Participant Information form no later than one week prior to camp starting to: **Attn: Soccer Camps**, Vandebilt Catholic High School Athletic Office, 209 S Hollywood Rd, Houma, LA, 70360.

Child's Full Name _____ Gender _____ Age _____ Date of Birth _____
Street _____ City _____ State _____ Zip _____

Medical Conditions/Special requirements *(Provide details if necessary)* _____

Parent's Full Name _____

Parents Phone: Home# _____ Cell# _____

E-mail _____ *(Please write legibly all contact by email)*

Emergency Contact (Relationship to child) _____

Phone# _____ Referred by _____

COST: \$125 per participant

Booking Information: **June Camp** (June 24 - 28, 9 a.m.—12 p.m.)

Shirt Size: YS AS
 YM AM
 YL

(Sizes cannot be guaranteed if booking arrives within 7 days of the camp commencing)

Please book early as spaces are limited. Once a camp is full, no more bookings can be accepted.

STATEMENT OF LIABILITY AND UNDERSTANDING:

This is to certify that my son/daughter has permission to participate in any and all camp activities. I assume all risks and hazards incidental to such participation and I do hereby agree to hold harmless the staff of the Vandebilt Catholic High School Soccer Camps from any and all claims arising out of any injury to my child. I also recognize that the individual camp coaches reserve the right to dismiss any student whose conduct is detrimental to the overall good of the camp without refund. Furthermore, this verifies that the camper is up to date with his/her immunizations and is able to participate in all camp activities. In the event of injury, my permission is granted for treatment as required at the nearest medical treatment facility and I waive all claims against the camp owners, organizers, sponsors, supervisors, coaches, related personnel and employees which might arise as a result of injuries in approved camp activities. I verify that my child has his/her own medical insurance policy, and I have made all arrangements to determine his/her physical fitness to attend camp.

I hereby give consent for my child to be medically treated for injuries or illness during his/her participation in camp.

I hereby give consent to VCHS to publically use pictures than may include my child through our website, social media & online/print publications to promote future summer camps

CANCELLATION POLICY

- A 25% refund is issued if cancellation is made two weeks prior to the camp starting. There is no refund if cancellation is made beyond this date.
- Indoor shelter available in case of inclement weather.

Contact Head Coach Paul Shenton
pshenton@htdiocese.org
(985) 233-9408

Parent's Full Name _____

Signature _____ Date _____