

# 2008 Lansing Recreation Annual Soccer Camp



Date: August 11<sup>th</sup>-15<sup>th</sup>

Time: 8:30-4:30

Location: Town Hall Fields

Ages: Boys and Girls entering grades 4-10

Cost: \$90

Camp Director Adam Heck is the Boys Varsity Soccer Coach at Lansing High School. He is entering his 12<sup>th</sup> season as a varsity coach. During his eleven years at Lansing Coach Heck has guided his teams to 10 straight winning seasons, consisting of over 170 victories, two league championships, 4 sectional titles, one regional title, and 1 state finalist. Coach Heck is currently the Empire State Game's Scholastic Boys Soccer Coach.

The staff will consist of highly qualified coaches and players ranging from college coaches and players to high school coaches and players. The camp offers young players the chance to improve their overall game. Both offensive and defensive skills and strategies will be taught, as well as a separate keeper training session for those interested in that area. There is no question that this camp will teach the fundamentals of the game. Every day there will be a guest speaker ranging from all levels of soccer (including male and female coaches and players). At the end of the week each camper will receive a **camp T-shirt and a camp soccer ball.**

**\*Each camper is responsible for bringing cleats, shin-guards, water and lunch.**

## Registration

Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: (fall'04): \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: Address: \_\_\_\_\_  
\*Person to contact in emergency, (other than Parent or guardian):  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
\*Medical Problems/Conditions: \_\_\_\_\_

-I hereby give permission for my child to participate in the program designated and in the event of illness or injury, to be treated by emergency personnel or at a local medical facility. I also agree not to hold the Town of Lansing or anyone associated with the program liable for any injury or illness as a result of participation in this program.

Parents Signature: \_\_\_\_\_

*(Checks payable to Lansing Recreation)*

Return to:

Lansing Recreation Department  
29 Auburn Rd.  
Lansing, NY 14882